PLACE OF DEATH STATE OF MARYLAND ounty a.a. CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institution, give its NAME instead of street and number. STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Ma OR DIVORCED (Write the word) (Month) (Year HEREBY CERTIFY. That I attended the deceased (Day) 7 AGE If LESS than and that death occurred on the date stated above, at ...... I day hrs. The CAUSE OF DEATH \* was as follows: or min.? **B** OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homlcidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State. (State or country) 00 Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE usual residence If more blanks are needed, address State Registrar, 16 W. Saratoga St. Batto., Requesting V. S. No

RESERVED MARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who rcceive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, Statement of Occupation-Precise statement of oc-Foreman, (b) For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Automobile factory. The material (6) Grocery;

Statement of Cause of Doath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid causing death), 29 ds.; L. Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary resulting from childbirth or miscarriage as cough; or intercurrent) affection need not be Chronic Example: Measles (disease chopneumonia (secondary), valvular heart disease; etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II			
The principal cause of death and related causes Date of onse of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	OCT 5 1931	1915	Attack of epilepsy	1 week ago		
Chronic interstitial neph		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUKKAU V. S	July 5,1927	Peritonitis	3 days ago		
	L. Turk					
Other contributory ca	uses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA stated EXACTLY. UNFADING INK-THIS IS A PERMANENT ! properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. mation should be carefully TION is very important. -WRITE PLAINLY, WI

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH 1040	6		
1. PLACE OF DEATH			(23)			
County Anne Aruno	lel		Registration Dist. No. 27			
Village or City Crowns	ville St	ate Hosp		Ward		
Length of residence in city or town whe	re death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number s	ber)		
2. FULL NAME	lliam Al	len				
(a) Residence: No.	Large (Usual place	e of abode)	St., Ward.  If nonresident give city or town and Stal	le		
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE black		RRIED, WIDOWED, ED (write the word) Ve d	21. DATE OF DEATH September 12th (Month) (Oay)	3 1		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of IImlanowr			22. I HEREBY CERTIFY, That I ettended dece	(Year)		
(or) WIFE of Unknown	1		April 30 1922, to September 1	2 31		
6. DATE OF BIRTH (month, day, end year)	1894	1	I last saw h_im_alive on_Sept. 12			
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 7: 10P.m.			
37 Ur	nkhown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:			
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	La	borer	Pulmonary tuberculosis 2 m			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAMK, etc						
10. Date deceased last worked et this occupation (month and year)	Sp:	time (years) ent in this cupation				
Man	rland		Other Coutributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)	Lolla					
E 13. NAME James Al	len		-			
14. BIRTHPLACE (city or town)	Uniche	wn	Name of operation			
(State of Country)			What test confirmed diagnosis?QQQQ_ Was there an au'or	osy?		
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Inknown known		23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?	., 19		
∑   (State or country)			Where did injury occur? (Specify city or town, county and State)			
17. INFORMANT Hospital Re (Address) Crownsv	cords	yland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Nayman Comil	Date SEL	1 18 1931	Manner of injury			
19. UNDERTAKER & H B Park (Address) 47 Washing	er don ST-		24. Was disease or-injury in any wey related to occupation of deceased?	0		
20. FILED 18 , 19.31 \$	my 6 c. of	Registrar.	(Signed) Crownsville, Maryland	3-M.D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE C	)F	MARYLAND-CERTIFICATE	OF	DEATH	10407
CATH		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO			

	1	. PLACE C	F DEAT	ГН	>		(3)	
		County			( - '		Registration Dist. No. 2	7
		Village or	City	nowns !	voods		ND. St., death occurred in a hospital or institution, give its NAME instead of street and	
		Length of re	sidence in cit	ty or town where d	leath occurred	yrs,mos	ds. How long In U.S. If of foreign birth?yrsm	osds.
	2	. FULL NA	AME	Still	myant	ander	Jon	
		(a) Reside	nce: No				St., — Ward.	0.
	gototom	DEDCO			(Usual place o	The state of the s	If nonresident give city or town and	State
					CAL PARTIC		MEDICAL CERTIFICATE OF DEATH	
	3. S	Mals	4. COLO	R OR RACE	S. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	, 193 (Year)
	5a.	If married, wido HUSBAND of	wed, or divo	rced		0		
	***************************************	(or) WIFE of		-			22.   HEREBY CÉRTIFY, That I attended	
a.	6 F	ATE OF BIRTH	(month day	and year)			l last saw h alive on, 19, 19, 19	
at	7. A		ears	Months	Days	If LESS than	to have occurred on the date stated above, at	
certificate		- /	931	Sefu-	2.	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onsat
of ce	3	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc					Pt. Il Com	- Date of onsat
183	CUPATIO						June 1	-
on back	odcu	1D. Dato decea	ILL, BANK, e ised last wor	ked at	11. Total tir	ne (years)		
	9		upation (mor		oeani sbau	ation		-
instructions	12.	BIRTHPLACE (c		Brown	swoodo	md.	Other Contributory Causes of Importance:	*
str	ER		0	Pin 1	Anderso	22)		
	HE	13. NAME	Carr	uon C	N I I C C -	, , ,		
See	FATH	14. BIRTHPLAC		wn)	uns Wood	do, Ind	Name of operation Date of	
02	-	(State o	or country)	/ /	<i>N</i>	1	What test confirmed diagnosis? Was there an	utopsy?
nt.	TER.	15. MAIDEN N	AME (	Sarah	1200	res	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
important	MOTH	16. BIRTHPLAC	E (city or to	wn)	alvert	Co -:	Accident, suicide, or homicide? Date of injury	, 19
od	Σ		or country)			md	Where did injury occur?	
very im	17. INFORMANT Mrs Edis Ebish W. Munt						(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PL	ACE.
Te	18.	BURIAL, CREMA		EMDVAL	- /		Manner of injury	
IS.		Place Por	radnes	ch Caml	Date Syll -	6 ,1981	Nature of injury	
TION	19.	9. UNDERTAKER & H. B. Parkon					24. Was disease er injury In any way related to occupation of deceased?	
	20.	(Address)	1.2,1	1931 7-2	7.6 c. 8	- ~ ma	(Signed) (Signed)	M. D,
6				16	blanks are - 1	Registrar.	(Appress)	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE 1	FOR FU	RTHER ST	ATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	(17-a) of
County Anne Mundel.	Registration Dist. No.
Village or City Chus Chlorn  Length of residence In city or lown where death occurred yrs.	NoSt,War (If death occurred in a hospital or institution, give its NAME instead of street and number)mosds How long In U. S. N of foreign birth?yrsmosd
2. FULL NAME Eliza 2. ali	- 11
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE France Or Divorced (variet the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY. That I attended deceased fro
Min mocce	Oct 19/6, to Dolpt 5 , 193'
6. DATE OF BIRTH (month, dey, and yeer) June 11 18 H	
	S than to have occurred on the dete stated above, at 3. Pm.
13 2 24 or	
8. Trade, profession, or particular kind of work done, as SPINNER,	19/2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occuration (month end	/.0
work was done, as SILK MILL, SAW MILL, BANK, etc	Gaspio aleu gan
10. Date decessed last worked at this occupation (month end spant in this	JANUE (200 Sage
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - flyne flywedd ( (State or country) MA	2) Cital Control of Might Care.
13. NAME Robert Howes	
13. NAME ACTION 14. BIRTHPLACE (cily or town)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mury and Reynol	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mury and Reynol	Accident, sulcide, or homicide? Date of injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Arthur Tring (Address) Churchler mp	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cem Date Sept 9	Manner of injury
19. UNDERTAKER T. A. Hardeslig (Address) Galeswille	24. Was disease or injury in any way releted to occupation of deceased?
20, FILEO Sept 7, 1931 - Su T Dent	(Signed) Ily John M.  (Address) Dhu ahlin M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE !	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Ex	ample I :		Example II			
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	THE FALL	1921	Run over by street car	1 week ogo		
Cerebral hemorrhage	1 2	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of	of importance:		Other contributory causes of importance:			
Gallstones		Moy 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter. tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an sary to know business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servont, Cook to report specifically the occupations of persons enployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement, whatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed Laborer-Coal mine, etc. Womperson, irrespective of Grocery;

Statement of Cause of Death—Name, first, the DISEANLY (ALTENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDIN

# REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or at Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are ongoged in the duties of the worked on may form part of the second statement. Never return "Taboret," "Toreman," "Managor," "Dealshould be used only when needed. additional time is provided for the latter statement; it cupation is very important, so that the relative health whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemeid, etc. If the occupation has been charged gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (3) Cotton mill; (a) Salesman, (b) Crocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques business, that fact may be indicated thus: Former (re-(a) Foreman, (b) Automobile factory. Civil engineer. Stationery fremen, etc. tired 6 grant. For persons who have no occupation Statement of Occupation Precise statement of oc For many occupations a single word or term on without more precise specification as Day As exactles: (a) The material But in many

spinal meningitis"); Diphtheria (avoid ase of "('roup"); EASE CAUSING DENTE (the primary affection "Threshect Lobar pneumoniu, Bronchopneumonia ("Pneumonia," Typhoid ferer (never report "Typhoid pneumenia": fever (the only definite synonym is "Epidemic erroroed term for the same Misease. Examples: Co.chrophal to time and causation), using always the same accept-Startment of Cause of Death-Name, first, the his

the certifies o is permanently file.

tur fire; d If this certificate is 10 ked over the milly and all question answered in detail, it will be the correspondance when the later is essential and the contained before Nomenclature of the American Medical As of ation.) ment of cause of death approved by Committee on querces (e.g., sepsis, teranic, in , in a need under the Poisoned by carbolic acin-probably saidle. The na-"Purnerral septieuemic." "To the positionitis," etc. State eause for which sucrial operation was under symptomatic), "Atrophy," "ollare," "Coma," "Con-vulsions," "Deblify" ("Congenier" "Sonile," etc.) ary), 10 ds. Never report a cre This in or forminal conditions, such as "Astheria," "America" (merely train arcident; Revolute as probably such if impossible in Astronic definitely and qualify as accused al. The and or monicipal, or taken. For violent bundle state andre of injury diseases resulting from children or misearriage as can be ascertained as the "Uracmin," "Weeknes." "Dropsy." "Exhausticn." "Heart fainte." "Haemor-rhage." "hanitlon." "Marasmu." "Old Age." "Shock," causing death). 29 ds.; Brownloymoussonia stated unless important. (secondary or intercurrent) affection Chronic interstitial . cpi. .... Whooping cough; Chronic whiten heart discase; use of "Tumor" for melignor " of here; ;; inges, peritonaeum, etc., Care no al unqualified, is indefinite); Two culosis of lungs, menof "contributory." .. (marme origin; "Caucer be too definite; avoid "Debility" iccidenta? injury, as from of shall, and conse drawing similar by railrony the who a definite disease land of light homicide; Always qualify all and times on state-The contributory need not be (second-(disease

BINDING

MARGIN RESERVED FOR

TH UNFADING INK--THIS IS

See instructions on back

PLACE OF DEATH

County Anne Arundel

16413

# STATE OF MARYLAND CERTIFICATE OF DEATH

Village or Ci	ull name Edwal		Registration Dist. No.  [OUSE OF COTTECS ION Ward]  a hospital or institution, give its NAME in stead of street and number.)
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	September (Month) 29 (Day) 1931 (Year)
6 DATE OF B	IRTH (Month	м— , <u>1</u>	I HEREBY CERTIFY, That I attended the deceased from Sept. 22, 1931, to Sept. 29, 1931, 192 that I last saw h 1 malive on Sept. 28, 1931, 192
7 AGE	69 yrs.	II don her	and that death occurred on the date stated above, at 7.05AII m. The CAUSE OF DEATH * was as follows: Pulmonary Tuberculosis
particular ki (b) General business, or	nature of industry establishment in oyed or (employer)	un	(Durstion)
10 NAME FATHER		4	(Signed) (Duration) yrs mos de.
OF FAT CState T2 MAIDE		^	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDE OF MOT		1	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHI OF MOT (State of		1	ients or Recent Residents)  At place of death yrs ds. In the State yrs ds.
(Informan	t)		Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  Cherry Kell  Left 30 193/
The second secon	THE PARTY OF THE P	Mar Jun St. T.N.	20 UNDERTAKER

Registrar

24/31

16 W. Saratoga St., Balto., Requesting V. S. No. 1.

if more bianks are needed, address State Rogistrar,

7. S. No.

Every item CIANS sho statement

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., war-homer, Farm laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (r or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. For many occupations a single word or term on yrs). At Home, and children, not gainfully emwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol "(Exhaustion," "Heart failure," "Haemorrnage," "Shock," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Whooping cough; approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease " "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CICT = 1021	1915	Attack of epilepsy	1 week ago
Chronie interstitial ner	ohritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	RIBELDVS	July 5,1927	Peritonitis	3 days ago
	Samuel Service Control			
Other contributory causes of importance:		May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	<b>PHYSICIAN</b>

PLACE OF DEATH

Cou	inty <u>U</u> ,	78 CERTIFICAT
Village	or City Eastport, (No. ack	
	2FULL NAME TILLAN M	1. Burgess
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE
3 SEX Fer	nale White Single.  MARRIED.  Widowed.  OR DIVORCED  (Write the word)	16 DATE OF DEATH
5 DAT	E OF BIRTH  (Month) (Day) (Year)	that I lost saw h la slive on
7 AGE	2/ yrs. 5 mos. 3 ds. ormin.?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:
(a) parti (b) ( busii	General nature of industry ness, or establishment in the employed or (employer)	(Durstion)
9 BIR	State or country) Deale age Md.	Contributory Secondary  (Signed) AMM Cure
ENTS -	BIRTHPLACE OF FATHER (State or country) Q Q Co Myd.	*State the Disease Causing Deat Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.
PAR 12	B BIRTHPLACE OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER	18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)  At place of death yrs mos. ds.
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence
	(Address) Casysut 9.4. 6 Mg.	19 PLACE OF BURIAL OR REMOVAL Cedar Bluy Court
ıs Fi	led GJV 19 1923/ Fray 6 c. fr 6 21 Registrar	John M. Vayler
	to the land and address State Registrate	. 16 W. Saratoga St., Balto., Requesting

STATE OF MARYLAND E OF DEATH

Diet. No. 21 (If death occurred in a hospitel or institu-tion, give its NAME in-stead of street and number.) OF DEATH h, or, in deaths from Injury and (2) Whether pitals, Institutions, Trens-

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Hausemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on

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2. (Recommendations on statement of cause of death approved by Committee on stated unless important. Example: Measles (disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart etc. The contributory Nomenclature of the disease;

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	3	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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	i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

should state item of infor-

of occupa.

1. PLACE OF D		MAR	YLAND-	CERTIFICATE OF DEATH 104	.19
CountyVillage or City	Crownsvi	lle S	tate Hosp	Registration Dist. No. 21	
	in city or town where death		_ (If	f death occurred in a hospital or institution, give its NAME instead of street and not do.  ds. How long in U.S. if of foreign birth?	umber)
2. FULL NAME		es Cal		now long in 0.3.11 of longin bitting property	Jus.
(a) Residence: N	7.0		e City	St., Ward.  If nonresident give city or town and S	State
PERSONAL	AND STATISTICA	L PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
male 4.0			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Sept. 22nd (Month) (Day)	193 1 (Year)
Ta. If married, widowed, or HUSBAND of (or) WIFE of	Lucy Carma	n		22. I HEREBY CERTIFY, That I attended depril 6th 19 31, to September 3	ecaasad from
5. DATE OF BIRTH (mont)	n, day, and year)	1887		I last saw h im alive on Sept. 22 ,19.31	
Y. AGE Yaars	Months Union	Days OWN	1f LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 10 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Barber				General Paralysis of the Insane	?
SAW MILL, BA  10. Date deceased las this occupation year)	(month and	sqs	ima (years) nt in this upation		
12. BIRTHPLACE (city or to (State or country)	N(nwo	orth (	Carolina	Other Coutributory Causes of importanca:  Syphilis	?
13. NAME	Richard	Carma	n		
14. BIRTHPLACE (city (State or count		h Car	olina	Name of operation Data of What test confirmed diagnosis? Was there an au	dopsy?
15. MAIDEN NAME	Susie	(Unkno	own)	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city (State or coun		Carol	ine	Accident, suicide, or homicide? Oate of injury  Whera did injury occur?	
17. INFORMANT(Address)	Hospital R Crownsvill	ecords	ryland	(Specify city or lown, county and State Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION	alvary Com	)ate 7/-	がひ、193/	Manner of Injury	
19. UNOERTAKER (Address)	y ner Ja	ston	st	24. Was diseasa or injury In any way related to occupation of decaased?  If so, spacity	
20. FILED 1 2 4	19.31 Jay	14 C.	Registrar.	(Signad) (Address) COWNEVILLE MAY	M.o.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	16420
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1. PLACE OF DEATH	
County a 4	Registration Dist. No. 2/
Village or City Carry Paroly	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Buly Carrier	
(a) Residence: No. Carry Burty (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Surge	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Ly 18-31	I last sew h ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, at 4
dtill born or min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onsot
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Still born
9. Industry or business in which work wes done, as SILK MILL,	A
SAW MILL, BANK, etc.	no My si cens
10. Date deceased last worked at this occupation (month end year)  year)	<i>V</i> /
1 1 1 2	Other Cautributery Causes of importence:
12. BIRTHPLACE (city or town) und farty (State or country)	
E D C 1 Pure	
14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
H O D	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
[ 16. BIRTHPLACE (city or town) Levy (State or country)	Where did Injury occur?
r	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Cama Caller	Specify whether injury occurred in thousand, in flower, or in robello reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Family Coul Date Syl 18, 1931	Nature of injury
Cliss of Carried	24. Was disease or Injury in any way related to occupation of deceesed?
19. UNDERTAKER CAMP Camp Purole	If so, specify
20. FILED Saple 2, 1931 Jaylo e. Joy en Moderator.	(Signed) July C. July M. D. (Address) Author July 2009.
/ Registrar.	1 (7) (11033)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example H The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy THE PROPERTY 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago RITE BEATT TO Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SP	PACE FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

County	nne irui	ndel	ate Hosp	Registration Dist. No.	
Things or only			(If	death occurred in a hospital or institution, give its NAME instead of street and num  ds. How long in U.S. if of foreign birth?	Ward
2. FULL NAME		Chris (			
(a) Residence: No	M	ontgome	ery Count	y St., Ward.  If nonresident give city or town and Sta	ite.
PERSONAL AND		THE RESIDENCE OF THE PARTY OF T		MEDICAL CERTIFICATE OF DEATH	
male 4. color blac	or race	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 13th (Month) (Day)	93 1 (Yaar)
5a. If married, widowed, or divorce HUSBANO of (or) WIFE of	ced	-		22. August 17th, 19 31, to September 1.	easad from $3_{19}31$
6. DATE OF BIRTH (month, day, 7. AGE Years	and year)	1861 Oays	If LESS than	I last saw h_im_ alive on Sept 13 , 19 21; d	
60		nown	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ate of onset
Trade, profession, or par kind of work done, a: SAWYER, BOOKKEEP 9. Industry or business in work was done, as SI	s SPINNER, ER, etc	Unl	known	General Arteriosclerosis	
work was done, as SI SAW MILL, BANK, etc. 10. Oate deceased last work this occupation (mont year)	ced at th and	11. Total t	ima (years) nt in this upation		
12. BIRTHPLACE (city or town) (State or country)				Other Contributory Causes of Importance: Senility	
을 13. NAME	Unkno	wn			
14. BIRTHPLACE (city or tow (State or country)	vn)Un	known		Name of operation Oata of What test confirmed diagnosis? Was there an auto	
15. MAIOEN NAME U	nknown			23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town) Unknown (State or country)				Accident, suicide, or homicide?	
17. INFURMANT	tal Reco		an cloud	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR RE		-bate 9/10	7 ,193	Manner of injury	
19. UNDERTAKER (Address)	. P.W.	when	The Sept	24. Was disease or injury in any way related to occupation of deceased?	

If more alanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

-Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	L)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Screant, Cook, Housemuid, etc. If the occupation has been changed business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ployed, as At achool or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever. write None. tired 6 yrs.). For persons who have no occupation household only (not paid Housekcepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner; (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an cupation is very important, so that the relative heulth-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) a ditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Lacomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Commenciature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." conditions, such as "Asthenia," "Anaemia" ary), 10 d8. Never report mere symptoms or terminal quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-uccident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal septicacmia," "Puerperal peritonitis," etc. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes; ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway taken. For VIOLENT DEATHS State MHANS OF INJURY "Uraemia." "Weakness," etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; inges, peritonaeum, etc., "Debility" ("Congenital," "Senilc," etc.), Carcinoma, Sarcoma, etc., of (Recommendations on state-The contributory "Coma," (merely (second-(disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City (If death occurred in Ward) a hospital or institution, give its NAME it stend of street and number.) STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE 16 DATE OF DEATH WIDOWED, OR DIVORCED (Write the word) (Month) .....(Day) (Year 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Durstion) which employed or (employer) Contributory 9 BIRTHPLACE Secondar (State or country) (Duration) 10 NAME OF (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) 13 BIRTHPLACE At place of death ... In the OF MOTHER (State or country Where was disease contracted, if not at place of death?..... TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) PLACE OF BURIAL OR REMOVAL (Address) ADDRESS Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Farm laborer, Laborer—Coal mine, etc. Wom-For persons who have no occupation If the occupation has been changed not gainfully emmaterial Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Sphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by "Inanition," "Marasinus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaetnia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," causing death), 29 ds.; L. stated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-"Heart failure," "Haemorrhage," Chronic Example: Measles (disease chopneumonia (secondary), etc. The valvular heart disease, contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

	PLA	1 30
	WRITE	Itame
V. S. No. 1		The state of
<b>&gt;</b>		2

1PLACE OF DEATH	16424 STATE OF MARYLAND
County A. A.	3 CERTIFICATE OF DEATH
	Registration Dist. No. 23
Village or City Gless her Noise  2FULL NAME Cas Fina	Sta: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 9 - 2 4 , 193/
6 DATE OF BIRTH  9 - 2 4 , 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decaased from 9-29, 1931, to 9-29, 1931, that I last saw h alive on 192, 192,
7 AGE  Skill bond ds. [If LESS than I dayhrs. ormin.?	and that death occurred on the data stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Abortion & the month
(b) General nature of industry business, or eatablishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Sacondary
10 NAME OF FATHER FRANCISCO Confered	(Signed) Caldwell Woodreff M. D.
of FATHER (State or country) Bluna, Palermo	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Haria Rosa Oroca to	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE Pollina, Palermo, OF MOTHER (State or Country)  1 Faly	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Francisco Conferna	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) glas bussel	glenburne a., 19
Filed 9 - Z9 18/ C. Woodruff Registrar	Willcam Miles Slamburnie
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V./S. No. 1.

10494

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm loborer, Loborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (o) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on without more precise specification as Doy not gainfully em-The ques-

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as causing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy traintaken. For violent deaths state means of injuly can be ascertained as the causc. Chronic interstitial nephrilis, etc. use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County A	Registration Dist. No. 2–1
Village or City Skidmere	NoSt,Ward
(If Length of residence In city or town whera death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Addine loro	mull.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. QUE THEREBY CERTIFY, They i attend deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw he levalive on Jeby. 86, 19,31; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 133 m.
3 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trado profession or particular	Maluntinhan 3 mo
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Spicemore Incl. (State or country)	Other Contributory Causes of importance 15 do.
2 13. NAME A braham Cormwell	
13. NAME Chipann or mwell 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of What tast confirmed diagnosis? Clancal Was there an autopsy? NO
15. MAIDEN NAME Thany & Have	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Thany 6. Have 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Thuman Cromwile (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place A Lydronic Appare Sefts 13e, 1931	Manner of injury
19. UNDERTAKER 19. COMPANY	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LY 11 C1931 Joseph C. Joyce Mcl. Registrar.	(Signed) 9. Willis Martin M. D. (Address) Varnapalis Md
If more blanks are needed address State Registrar	2427 N. Charles Street Beltimore Requestion 7) A. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset -	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UELLAU	July 5,1927	Peritonitis	3 days ago
1 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

PLACE OF DEATH County Q Q	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 24
Village or City Was Among the Same Village of City Was Among the Same Villiams. 10	St.: Ward) (If death occurred in a hospital or institu- tlon, give its NAME ir- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 15 193 (Month) (Day) (Year)
Sefe 16, 1930	17 SHEREBY CERTIFY, That I attended the deceased from 1931 to 1931,
(Month) (Day) (Year)  7 AGE    If LESS than   I day hrs.   I day hrs.   or min.?	and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession or particular kind of work	Villeletro of Week
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Camabolib ma	Contributory Secondary Multiple infection , severe
10 NAME OF FATHER William 74. Waves	(Signed) (Duration) yrs, mos. ds.  (Signed) (Signed) (M. D.  (Address) (Liceofpholic)
OF FATHER  (State or country) Comma apollo one  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Doath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Eleanor assemble  13 BIRTHPLACE OF MOTHER (State or country) a. a. co. on.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents)  At place of deathyrsmosds.
(Informant) William H. David	Where was disease contracted, if not at place of death?  Former or usual residence
(Address) West amyolog In	Edward chapel Seff 16, 19
Filed AJV 18 19231 Joseph C. Joy a The	B L, Hopping amojoris
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Belto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The questired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> tetanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Careinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronie Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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LION

Registration D	ist. No.	1
	St.	War

Date of onset

1. PLACE OF DEATH	28
County Anne Arundel	Registration Dist. No.
Village or City Crownsville State I	
2. FULL NAME Elizabeth Dennis	
(a) Residence: No. <u>Jeltinore City</u> (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDCOR DIVORCED (write the WILCOWE C)	word)  21. DATE OF DEATH  Soppember 25th (Year)  (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Unknown	22.   HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months   Days   If LES	I last saw h en alive on Sept . 25 , 19 3 ; death is se

were es follows:

1 day, \_\_\_\_\_ hrs. or ..... min. 8. Trede, profession, or perticuler

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ....

Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ....

Date deceased last worked et this occupation (month and

11. Total time (years) spent in this occupation \_\_

12. BIRTHPLACE (city or town) (Stete or country) FATHER

Unknown 13. NAME

14. BIRTHPLACE (city or town). Unknown (State or country)

MOTHER Unknown 15. MAIDEN NAME

16. BIRTHPLACE (city or town). (Stete or country

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

(Address) 20, FILED

19. UNDERTAKER

Registrar.

Name of operation.... Whet test confirmed diegnosis?\_\_\_\_\_ Was there en autopsy?\_\_\_\_

The PRINCIPAL CAUSE OF DEATH end related causes of importence

23. If death was due to external ceuses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide?\_\_\_\_ Dete of injury\_\_\_\_\_\_19 Where did injury occur?\_\_\_

(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Nature of injury

to occupation of deceased?

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Menner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	min comments of the comments o	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

item of infor-

/ STATE OF	MARYL	AND-	CERTIFICATE OF DEATH 10	428
1. PLACE OF DEATH  County Anne Arundel			Registration Dist. No.	
Village or City Crownsvill		(If		nber)
2. FULL NAME Maryl	and Dov	ney		
(a) Residence: No. Balti	more Ci	t.v	St., Ward.  If nonresident give gity or town and Ste	ate
PERSONAL AND STATISTICA			MEDICAL CERTIFICATE OF DEATH	
male diack 5.5	SINGLE, MARRIED OR DIVORCED (w Single	, WIDOWED,	21. DATE OF DEATH September 9th (Month) (Day)	93 ] (Yeer)
5s. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. ! HEREBY CERTIFY, That I attended dec June 8th, 1925, to Sept. 9	
6. DATE OF BIRTH (month, day, and year)	.898	***	Hast saw h himalive on Sept. 9th 19 31	leath is said
7. AGE Years Months 33 Unkno	122.12.1	If LESS than day,hrs.	to have occurred on the date stated above, at	ate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Unknown			Lhor
10. Data deceased lest worked at this occupation (month end year)	11. Total time ( spent in occupation	this	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Unknown (State or country)	m	·	Dementia Praecox - hebephreni	
置 13. NAME Unknown	1			7y-rs
13. NAME Unknown  14. BIRTHPLACE (city or town) (State or country)	Unknown	1	Name of operation Date of What test confirmed diegnosis? Was there an auto	
(State or country)	mown		23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT GOSDITAL Rec (Address) Crownsville,		nd	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Plane Do	ate 9/1J	, 197	Manner of Injury	
19. UNDERTAKER R. P. Write (Address) Water L. 20. FILED J. J. 19.	7 g	Program	24. Was disease or injury in any way related to occupation of deceased?  If so, specity  (Signed)  (Address)  (Address)	3. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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ARGIN

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomolive engineer, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid as fracture of skull, and consequences (e.g., sepsis and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently fied.

V. S. No. 1

state

should

		F MAK	YLAND-	CERTIFICATE OF DEATH 109	:30
1. PLACE OF D				(/3/)	
County				Registration Dist. No. 21	
	Jacobsyi			ND. St., death occurred in a hospital or institution, give its NAME instead of street and n  ds. How long in U.S. if of foreign hirth? yrs. mo	
	William No. Jacobs			St., Ward.  If nonresident give city or town and	State
PERSONAL	AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	334
male 4.0	negro		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH September 25 (Month) (Day)	, 193 <b>T</b> (Year)
5a. If married, widowed, or HUSBANO of			464		
(a-) 11.155 -4	Anna Edwar	rds		March	193I
6. DATE OF BIRTH (mont	h, day, and year) un	known		I last saw him alive on August 22 , 1931	; death is said
7. AGE Years 56	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at4 n.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:	Data of asset
9. Industry or busin	done, as SPINNER, KKEEPER, etcess in which e, as SILK MILL,		<b>r</b>	Chronic valvular heart diseas (aortic regurgitation and stenosis)	e 1929
10. Date deceased las this occupation year)	t worked at 1929	arming 11. Total ti spen occu	me (years) It in this pation		
12. BIRTHPLACE (city or t (State or country)	own)A.A.	Co., M	d.	Other Contributory Causes of importance: chrnic interstitial nephritis	1930
₩ 13. NAME Ga	rrett Edwa	ards		general anasarca	I mor
13. NAME GA	or town) A · A	. Co.	•	Name of operation Oate of What test confirmed diagnosis? Clinial Was there an a	
15. MAIDEN NAME	Sara Jacol	bs		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME  16. BIRTHPLACE (city  (State or coun	01 (OWII)	. Co.	•	Accident, suicide, or homicide?Oate of injury	
17. INFORMANT Anna (Address)	Edwards Jacobsvil	le. Md.		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, Place Mago	or REMOVAL thy Cemete	roate 9-2	7 , <sub>19</sub> 3I	Manner of injury	P P P = = = = = = = = = = = = = = = = =
19. UNOERTAKER	J. Toady	in		24. Was disease or injury in any way related to occupation of deceased?	no
20. FILEO 9-25	193/ 7.	Ce. &2	Registrar.	(Signed) L. a. Sera (Address) Paraleua - his	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	3/	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

instructions on back

See

very important.

statement Every It

9 ż 6 1

7 A

ARENT

business, or establishment in

(State or country)

11 BIRTHPLACE

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

OF FATHER (State or county 12 MAIDEN NAME OF MOTHER

10 NAME OF FATHER

9 BIRTHPLACE

1 PLACE	OF DEATH		
County	1.	***************	
illage or City	N. hus	Hucuno	w Hade
<sup>2</sup> FUL	L NAME	Stillh	ion
PERSON	IAL AND STATIS	TICAL PARTIC	ULARS
SEX	1 color or RAC	SINGLE, MARRIED, WIDOWED OR DIVOR (Write the	CED word)
DATE OF BIR			
	9-/3 (Mon	- 3/	, 1
AGE	0.	·mosd	If LESS than
OCCUPATION (a) Trade, prof particular kind (b) General na	. / //	kon	

which employed or (employer).....

TO THE

1043

### STATE OF MARYLAND

(If death occurred in a hospital or institution, give its NAME instead of street and

CERTIFICATE OF DEATH Registration Dist. No.

St.;.... Ward)

(Evans)	number.)
MEDICAL	CERTIFICATE OF DEATH
16 DATE OF DEATH	(Month) (Day) , 162 (Year)
	192, to
	ive on, 192
	n the date stated above, at
The CAUSE OF DEATH	was as follows:
Short	ion of 4th
	(Duration)yrsmosds
Contributory Secondary	
	(Duretion)yre mos de
9-14 1923/ (A	ddress) Lentlucien Hot.
*State the Disease Vlolent Causes, state ( Accidental, Suicidal or	Causing Death, or, in deaths from 1) Means of Injury; and (2) whether Homicidal.
PARTY AND DESCRIPTION OF THE PARTY AND DESCRI	NCE (For Hospitals, Institutions, Trans-
At place of death yrs mos	In the State,yrs,mosda.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OF	R REMOVAL   DATE OF BURIAL
7/5205	ad at ,19
20 UNDERVAKER	_ O ADDRESS2
Pac	2022/201

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 prs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Houseneife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer." etc.. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Satesman, (b) Grocery; nature of the business or industry, and therefore an (a) Foreman, (b) Automobite factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as The ques-

Statement of Canse of Death—Name, first, the pismase causing death (the primary affection with respect to time and equivation), using always the same accepted term for the same disease. Examples: Cerebrospingly fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental disorning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, sticidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemie" Putternal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained at the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy." "Collapse," "Coma." conditions, such a "Asthenia," "Anaemia" use of "Tumor" for malignant neoplasms); Mensles; Poisoned by carbol's acid-probably suicide. "Uraemia," "Weakings "Dropsy," "Exh. astion," "Heart failure." "Haemor vulsious," ary), W ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopneumonia stated miles important. Chronic intendities nephrilis, etc. The contributory inges, peritonaenm, etc., Careinoma. Sarcoma, etc., of ......(name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough : FOR VIOLENT O' ATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Semile," etc.), Chronic valvular heart " etc., when a definite disease (R commendations on state-Example: Meastes (disease discase; (second-(merely

If this certificate is to ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

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WRITE PL NLY, WITH UNFADING INKTHIS IS A PERMANEN	CIANS should state CAUSE OF DEATH in plain terms so that it may be p statement of OCCUPATION is very important. See instructions on back of
	CIA
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1PLACE, OF DEATH,	10432 STATE OF MARYLAND
County Ima Brunsel	CERTIFICATE OF DEATH
Elect	Registration Dist. No.
Village or Chywaran (No	St.: Ward)  (If death occurred a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MODULE OF OR DIVORCED (Write the word)	16 DATE OF DEATH LEft 14 , 1931
6 DATE OF BIRTH  March 25, 1864  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I arended the deceased from 1925/. to 1925/.
7 AGE  // yrs. 5 mos. 2 5 ds. or min.	and that death occurred on the date stated above, at
8 OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry usiness, or establishment in	- Cacarona via 10 mas
9 BIRTHPLACE (State or country)  LUM  Grand	Contributory Secondary (Durstion) yrs mos
10 NAME OF FATHER JOSEPH Stripka	(Signed) Johns Address) Am Burner
OF FATHER (State or country)  Z (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
(Informant)/2 Frank 5 Fisher	Where was disease contracted, if not at place of dea.h?  Former or usual residence
(Address) Ebouton a a Coma	Holyboss Com. QQCo Sept 18, 103
15 Flood fold 16 1981 Jan Herong 9	John F. Strung 7/5 Light St
If more blanks are needed, addre.s Ltate Registra	er, 16 W. Saratoga St., Balto., Requesting V. S/No. 1. Ballo.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of approved by Committee on telanus) may be stated under the head of "contributory." American Medical Association.) "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drgpsy," ("Exhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic valvular heart disease; and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory Nomenclature of the Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permacently filed.

V. S. No. 1

1. PLACE OF DEATH	F MARYLAN	D—CERTIFICATE OF DEATH 10433
County Anne Arunde		Registration Dist. No. 21
Village or City Crownsyi		
	lder Ford	
(a) Residence: No. Pri	(Usual place of abode)	Countsy, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male disck	5. SINGLE, MARRIED, WIDON OR DIVORCED (write the v	
5a. If married, widowed, or divorced HUSBAND of (可)本年氏 Nellie F(	ord	22. I HEREBY CERTIFY. That I attended deceased from Jul. 21 , 19 28to September 69 19
6. DATE OF BIRTH (month, day, and year)	1892	I last saw him alive on Sept. 6th 19.31; death is said
7. AGE Years Months 39 Uni	Days If LESS nown or	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Laborer	Pulmonary tuberculosis 4 mos
work was done, as SILK MILL.	••••	
SAW MILL, BANK, etc	11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Mary (State or country)	rland	Other Contributory Causes of importance:
13. NAME Sam	Ford	
13. NAME Sam  14. BIRTHPLACE (city or town) (State or country)	land	Name of operation Date of
置 15. MAIDEN NAME Martha	inn (Unknown	23. If death was due to external causes (VIOLENCE) fill In also tha following:
15. MAIDEN NAME Martha  16. BIRTHPLACE (city or town) Mar  (Stata or country)	rland	Accident, suicide, or homicida?
17. INFORMANT HOSpital Re (Address) Crowns		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Date 9/10-3	Manner of Injury
19. UNDERTAKER D. R. C. Wing (Address) wa	tent de Duf	24. Was disease or injury in any way related to occupation of deceded?  If so, specify
20. FILED		(Signed) M. D. (Address) C13 ON ON 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis TTT T	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	TURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	PLACE OF DEATH	16435 STATE OF MARYLAND
	County Chundel	CERTIFICATE OF DEATH Registration Dist. No. 2-2
	Village or City Jambulls (No. 2FULL NAME Julian Helen Gar	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH	16 DATE OF DEATH  (Month) (Day) (Year)  17   HEREBY CERTIFY, That I arreaded the deceased from 192/, 192,
	Queguest St., 1931. (Wonth) (Day) (Year)	that I last saw halive on
K	7 AGE    If LESS than     dayhrs.   ormin.?     dayhrs.   ormin.?	The CAUSE OF DEATH * was as follows:
	(state or country)	Contributory Secondary
	10 NAME OF John Gambrell	(Signed) RO ESVEL TO MASSIER GOLUMBO Sept. 18. 1981. (Address) depution
	OF FATHER  (State or Country)  (State or Country)  (State or Country)  (State or Country)  (OF MOTHER CLUEN ORSELY)	*State the Discase Causing Peath, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
	OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds.
	(Informant) AM James of My KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
	(Address) Janusells MM	Mount Jaba Cemetery Sept 19, 1931.
	15 Filed eft 18 192 ML Jones Pregistrai	With Gambrell Jambries Ma

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cirebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitie"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia");

can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, taken. For violent deaths state means of injury (secondary or intercurrent) Chronic interstitud nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic Example: Measles (disease etc. The contributory affection need not be valrular heart disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

No. σž 5

County Crime andel	CERTIFICATE OF DEATH
	Registration Dist. No. 2 /
Village or City / Asadaya (No. No. 2FULL NAME fant (lu	St: Ward)  (If death occurred a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED Lugla (Write the word)	16 DATE OF DEATH (Month), (Day), (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased for 192 to
7 AGE   If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trnde, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Menaline VIS. mos.
9 BIRTHPLACE (State or country)  (State or country)  (Oracle Oracle Orac	Contributory Secondary (Duration) yts
of FATHER Corpe famely  of FATHER	(Signed)
(State or country) ( le le ) ) , which is a second of Mother faculta ( unite )	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmos
(Informant)	former or usual residence
(Address) Abadema	20 UNDERTAKER ADDRESS
(Address Chadlers  15 File 30 1931 Jam Kleing gyn	IS PEACE OF BONIAL ON

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Carc should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is neceshousehold only (not paid Housekeepers who receive a ," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b). Grocery;

Strtement of Cause of Death—Name, first, the Disease is causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Löbar meumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisqued by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INTULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepses, Examples: Accidental drowning; Struck by railway train Whooping American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nephrilis, etc. The contributory heart disease; of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc.. without more present all mine, etc. Wom-laborer, Farm laborer. Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Aubmobile factory. The insterial additional line is provided for the latter statement; it sary to know '4) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very im; ortant, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor. whatever write None. report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on For persons who have no occupation Architect, Locomotive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CALSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Divibilitaria avoid use of "Croup"); Typhoid fover 'never report "Typhoid Pneumonia"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

approved by Committee on telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.; "Dropsy, "Fxhaustion," "Heart failure," "Huemorrhage, stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Possenud by taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. "Uruemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway frainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOVICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondar/ perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) ("hronic affection need not be etc. The contributory valvular heart Nomenclature " Shock," discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is "permanently filed."

certificate.

of

See instructions on back

mation should be carefully

TION is very important.

### STATE OF MARYLAND-CERTIFICATE OF DEATH

4	0	1	2	0
1	V	4	U	0

1. PLACE OF DEATH			
County Anne Arundel		Registration Dist. Np. 23	
Village Dr City Crain Highway  Length of residence In city or town where death	(II	No. Miller sville, P.O. St.,  f death occurred in a hospital or institution, give its NAME instead of street and it  s. ds. How long in U.S. if of foreign birth? yrs. m	number)
2. FULL NAME Stillborn	Gerhardt		
(a) Residence: Np.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  September 6.  (Month) (Day)	, 193 1 (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Sept. 7. AGE Years Months STILLBORN	6. 1931  Days   If LESS than   1 day,hrs.   ormin.	I last saw h, 19, 19, 19	
8. Trade, prefassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		ABORTION AT 3 months	
this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	spent in this occupation	Other Cantributory Causes of Importance:	
13. NAME Frank Gerl	three		
14. BIRTHPLACE (city or town)		Name of operation Dete of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Stella	D., Md.	23. If death was due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicida? Date of injury Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	, 19
(Address)  18. BURIAL, CREMATION, OR REMOVAL MILLER SVILLE Place OD Promises Date 19		Manner of injury  Nature of injury	
19. UNDERTAKER (Address)		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 9/9/31 19 C. Woods	cuff Registrar.	(Signed) (Address) Linksum	eff. o

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

RECEIVED 10/6/31 BUREAU VS

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

the Contraction	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

infor Registration Dist. No. County Village or City anna (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? \_\_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. ace in city or town where death occurred. 2. FULL NA If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) marriell BINDING 5a. If married, widowed, or diverced HUSBAND of 22. ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Months 7. AGE II LESS than FOR Davs 1 day ... -hrs. \_min. 8. Trade, prolession, or particular RESERVED kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc., may Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc .... Data deceased last worked at 11. Total tima (years) this occupation (month and spent in this that occupation \_\_ @ Other Contributory Causes of Importance MARGIN 12. BIRTHPLACE (city or lown) (State or country) FATHER 13, NAME 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?.. carefully MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill In also the following: in CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) . should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury S mation LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER anno Il so, specify m Registrar.

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 16

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSI.

	PLACE OF DEATH	STATE OF MARYLAI
C	ounty N. A	CERTIFICATE OF DE
		Registration Dist. No
Villa	age or City Oa rusand Bano. Cherks	St.; Ward) (If death a hespital tlon, give it stead af number.)
***	<sup>2</sup> FULL NAME	(LJaas)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  9 - 3 U  (Month) (Day)  17 I HEREBY CERTIFY, That i attended the d
6 D	ATE OF BIRTH	
	9-30-31	192, to
	(Month) (Day) (Year)	
7 AG	If LESS than	and that death occurred on the date stated above, at
	dayhrs.	
	CCUPATION CT CARREST TRANS	341/km
pa	articular kind of work.	sportion at 10
	) General nature of industry	(Duration) yrs.
-	hich employed or (employer)	Contributory
9 BI	RTHPLACE (State or country)	Secondary
1	10 NAME OF FATHER /	(Signed) Caldwall Washes
S	11 BIRTHPLACE	9.3.0192.3./(Address)hunthices
FNA	OF FATHER (State or country) Balton Md.	*State the Disease Causing Death, or, in dea Violent Causes, state (1) Means of Injury; and (2)
ARE	12 MAIDEN NAME OF MOTHER	Accidental, Suicidai or Homicidal.
0	fana Grissby	18 LENGTH OF RESIDENCE (For Haspitals, Institut
-	OF MOTHER (State or country)	At place In the of death yrs mos da. State, yrs
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted
	(Informant) Chas Hoas	if not at place of death?
	(Address) Glenhurie	19 PLACE OF BURIAL OR REMOVAL   DATE OF I
is Fi	iled 9-30 193/ ( Woodsuff Registrar	20 UNDERTAKER 24 of ADDRESS

E OF MARYLAND FICATE OF DEATH

Registration Dist. No. ...

..... Ward) (If death occurred in a hospital or institu-

tion, give its NAME in-stead af street and number.)

	9-30,113/
17	(Month) (Day) (Year)
that	I last saw h, alive on, 192
and t	that death occurred on the date stated above, at 3. P
	CAUSE OF DEATH X was as follows:
***********	341/km
••••••	Abortion at 10 weeks
• • • • • • •	(Duration)yrs,mos, d
Ce	ontributory
	d) Ca/Awall Was Lass fl. M. E. 3.0. 192.3/(Address) Lengthering
Vi Ac	*State the Disease Causing Death, or, in deaths from clent Causes, state (1) Means of Injury; and (2) whether ecidental, Suicidal or Homicidal.
	NGTH OF RESIDENCE (For Haspitals, Institutions, Transts, or Recent Residents)
At place	ln the h
	was disease contracted,
Former	
19 Pf.	ACE OF BURIAL OR REMOVAL   DATE OF BURIAL   19
20 IIN	
-	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Couses and American Public Health Association.)

definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various parsuits can be known. eupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook work, or At Home, and children, not gainfully emshould be used only when needed. As examples: (a) whatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Statement of Occupation Precise statement of oc-For many occupations a single word or term on The ques-

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> and qualify as accidental, sticidal, or homicidal, or rhage." "Inanition." "Marasmus." "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia (second stated unless important. Example: Measles (disease Chronic interstitud nephritis, etc. The contributory use of "Tumor" for muliguant neoplasms); Measics; ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men quences (e.g., schsis, telanus) may be stated under the ture of the injury, as fracture of skull, and conse Examples: Accidental decorning; Struck by railway as probably such, it impossible to determine definitely taken. For violence buaths state means of injury State cause for which surgical operation was under "Puerperal septiemen :: ""Puerperal peritonitis," etediseases resulting from childbirth or miscarriage as ean be ascertained as the cause. "Uraemia," "Weaknes ." etc., when a definite disease (seeondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee of head of "contributory." (Recommendations on state Poisoned by curbol's acid-probably suicide. The na train-accident; Revolver wound of Acad-homicide; "Delnility" ("Congenital," "Senile," etc.) Carcinoma, Sarcoma, etc., of Always qualify all

If this certificate is 10 ked over thoroughly and all questions answered in decat, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE mation

LION

16. BIRTHPLACE (city or toy (Stete or country)

18, BURIAL, CREMATION, OR REMOVAL

19.2/

(Address)

19. UNDERTAKER (Address)

20. FILED

Date\_

(Year

Oate of onset

(Day)

cident, sulcide,	or homicide?	_ Oete of injury	, 19
	occur?(Specify city of specify city of sp	or town, county and State	) CE.
anner of injury _			

24. Wes disease er injury in any way releted to occupation of daceased?

II so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: $g'$	Date of onset	The principal cause of death and related causes Date of ons of importance were as follows:		
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	,	
Gallstones	May 1,1923	Gastrocuteritis	1 year	
		1		

V. S. No. 1.

act	PLACE OF DEATH	10442 STATE OF MARYLAND
m /	County ane annuall	CERTIFICATE OF DEATH
7		Registration Dist. No.
ly classif	Village or City Unnapolis Med (No.	St: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
hay be pro	3 SEX J 1 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED OR DIVORCED (Write the word)	If DATE OF DEATH  Sublember // , 163/ (Month) (Day) (Year)  I HEREBY CERTIFY, That I attended the deceased from
t it m	6 DATE OF BIRTH	192, to, 192,
	(Month) (Day) (Year)	that I last saw halive on, 192,
so tha	7 AGE If LESS than	and that death occurred on the date stated above, at
See inst	OCCUPATION (a) Trade, profession or particular kind of work.	acute dilatation of Heart
H in pla	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory A Marion yrs. mos. de,
1 4 5	(State or country) estimately Calvert Costs	(Duration)yrs,mosde,
OF DE	10 NAME OF Coloret Handall.	(Signed) John W. Anderson J. Rolling as commer M. D.
TION	11 BIRTHPLACE OF FATHER (State or country) (Staville	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Pomicidal.
ate O	of Mother Chroni	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
d stat	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos da. State, yrs mos da.
of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho	(Informant) Berth Handy	Former or usual residence.
CIANS	(Address) 19 le historitest	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
\$ C 5	Filed L/V 12 1923/ Fray 6 e. for a 2	GO UNDERTAKER ADDRESS  ADDRESS  St. Noith West
E	'F more blanks are needed address State Registrar	18 W Saratora St., Balto., Requestive V. S. No. 1.

10442

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (rc. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in Comestic service for wages, as Servant, Cook, whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as it whool or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer. Farm laborer, Laborerer," etc., worked on may form part of the second statement. Never return "faborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it honsehold only (not paid Housekeepers who receive a nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) cases, especially in inclustrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

EASE CAUSANG DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the came disease. Examples: Gerebro-spinal fever (the only definite synonym is "Epidémic cerebro-spinal meuingitis"); Diphtheria (avoid use of "Croup"); Pythoid fever (uever report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental browning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; unges, peritonacum, etc., Carcinoma, Surcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection used Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congonital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease Struck by railway terminal (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

5 193

B:-Every item of informations should be carefully supplied. ACE should be lated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT MARGIN RESERVED FOR BINDING ILY, WITH UNFADING INK--THIS IS A WRITE PL ż

V. S. No. 1

PLACE OF DEATH	10443 STATE OF MARYLAND
County W.W. 60	CERTIFICATE OF DEATH
D. lo	Registration Dist. No.
Village or City Fawl (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME TOM W.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Will Single, Married, Widowed. Mand (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  (Mooth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192/. to 193/, 193/, 193/, 193/, 193/
5 7 yrs. 2 mos. 3 ds. or min.?	
(a) Trade, profession or particular kind of work  (b) General nature of industry	
Business, or establishment in	(Durstion) yrs. A mos. ds.
which employed or (employer)	Contributory & Bright Dive
(State or country)  10 NAME OF	(Duration) yrs. do.
FATHER MOJ. U. Jardisty	(Signed) M. D.
S THE BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER THE THE TOTAL TH	187 ENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathmosds. In the Stateyrsds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) (1) State of the	Former or usual residence
(Address) Hallwelly	At James Om Seft 9, 1,036
15 Filed 1/8 19231 frag L C. fra Miles	20 UNDERTAKER MANSTER HOUSE
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

. . . . . . . . . . . . . . .

(Approved by U. S. Census and American Public Health Association.)

en at home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-Spinner, cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Colton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) For persons who have no occupation Automobile factory. The Laborer-Coal mine, etc. not gainfully em-6) material Grocery, Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); ed term for the same disease. Examples: Cerebrospinul to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid American Medical Association. approved carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by cough; Committee on Nomenclature of the Chronic ," "Coma," "Convulsions, etc. valvular heart The contributory Measles; disease;

data is permanently filed answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is If this certificate is looked over thoroughly and all questions

STATE OF MARYLAND XSICIANS atement o CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS SINGLE 3 BEY 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WICOWED Marres OR DIVORCED (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day, hrs. O The CAUSE OF DEATH \* was as follows: OR min. ? (a) Trade, profession, or particular kind of work. (b) General nature of lodustry Lusiness, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) 00 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) ER te (1) Means of Injury; and (2) whether Accidental, d Œ 12 MAIDEN NAME SUICIDAL OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 Li 13 BIRTHPLACE S At place in the OF MOTHER 2 (State or country) of death Every item of in should state CAI OCCUPATION I CA Where was discess centracted. If not of place of death? Former or wanat residence OATE OF BURIAL (Address) 15 20 UNDERTAKER REGISTRA If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

business or industry, and therefore an additional line is provided for the latter statement; it should be used ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the applies to cach and every person, irrespective of age. or given up on account of the DISEASE CAUSING NEATH, who receive a definite salary), may be entered as Housewrite None. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Housemaid, etc. Statement of Occupation-Precisc statement of occupa--Coal mine, ctc. For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at honic, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tunhaid fever (never report "Typhoid pneumonia," Industried, is indefinite); Tuberculosis of lungs. meningualified, is indefinite); Tuberculosis of lungs.

on statement of cause of death approved by Committee genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrlage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent), affection poxy not be stated unless important nephrilis, etc. The contributory (secondary or intercurcough; ('hronic (name origin; "Cancer" is less definite; avoid use of ges, persionucum, etc.. ( arenoma, Sarcoma, etc., of etc., when a definite disease can be ascertained as the "Anaemia" symptoms or terminal conditions, such as "Asthenia," under the head of "Contabutory" (Recommendations and consequences (e. g., sepsis, letanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For Violent Deaths birth or miscarriage as "Puerperal septicinemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childon Nonienclature of the American Medical Association.) head-homicide; Poisoned by railway train-accident; Revolver "Coma," The nature of the injury, as fracture of skull " for malignant neoplasms); Measles. Whooping (merely symptomatic), "Atrophy," ratement heart disease, Chronic interstitud "Convulsions," "PUERPERAL septichaemia," by carbolic acid-probably "Debility" wound of ("Con-

tions answered in down, it will prevent further correspondence. All the data is escapilly and must be obtained before the certificate at permanently fixed.

\*

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10445
1. PLACE OF DEATH	209) m
County A . Co	Registration Dist. No. 2
Village or City Amnafolis	No. Emergine Ho Rulet, Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length ot residence in city or town where death occurredyrsmos	s ds. How long in U.S. if of fareign birth?wrsmosds.
2. FULL NAME Dallemus	Hudson 1
(a) Residence: No. Consul Surce (Usual place of abode)	Les Ward Carlly Alights If no president give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. tt married, wldowed, or divorced HUSBAND ot	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE ot	,19 ,to,19,19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the data stated above, et 6.45 m.
1 day,	The PRINCIPAL CAUSE OF DEATH end retated causes of importence were as follows:
8. Trade, protession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc.	Court of accidental Date of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceesed lest worked at this occupetion (month and year)	allusic yorkey Cor
A A C-	Other Contributory Causes ot importance:
12. BIRTHPLACE (city or town) (State or country)	a la balanca tila la
	Prince Periodice 1 Transcring
T 000	Name of ancesting
14. BIRTHPLACE (city or town) Odgetomb. C. (State or country)	Nema ot operation Date ot Date ot What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dosa. Brandford	23. It death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Ana. Brandford  16. BIRTHPLACE (city or town). A. H. C.	Accident, suicide, or homicide? Celidride Date et injury Coff 20, 19 3/
E (Stata or country)	Where did Injury occur? her Carlingle Higher a a Rul
17. INFORMANT Senge . H. Huden (Address) Senema Park	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Curlibeight mol-	Manner of injury
Place Carlineight Date Sept 27,18/	- Natura of Injury
19, UNDERTAKER S, Johnson (Addrass) 26 Clay 26	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ly 2 26, 1931 July 6 c g und Registrar.	(Signed) John Wauleson J. P. Relig as Comme M. O.
in the second se	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	d causes Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
LBURHAUEV. 6				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Address

Village or City Patasses Parks. Brook	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MULLING OR DIVORCED (Write the word)	16 DATE OF DEATH 2 3 7 192 / (Month) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE    Compared to the property of the prope	and that death occurred on the date stated above, atm. The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work	1
(b) General nature of industry tusiness, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (Statistic dounts) 10 NAME OF FATHER AM AMAIN 11 BIRTHPLACE OF FATHER	(Signed)
(State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	*State the Diseaso Causing Death, or, in deaths 270m Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of desthyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?

ADDRESS

DATE OF BURIA

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed work, or At Home, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation and children, not gainfully em--Coal minc, etc. Wom-Grocery,

Statement of Cause of Death—Name, first, the Disease Gausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. diseases resulting from childbirth or miscarriage as can be ascertained as the causc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valuuar neart assease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiperitonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart Nomenclature of the Always qualify all disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

		F MAR	YLAND-	CERTIFICATE OF DEATH	3447	
1. PLACE OF DEA		0		(83)	51	
County Anne				Registration Dist. No.	0/	
Village or City	rownsvi	lle Sta	te Hospit	St., death occurred in a hospital or institution, give its NAME instead of street an	Ward	
Length of residence In a	city or town where d	death occurred		. 19. ds. How long in U.S. if of foreign birth?yrs		
2. FULL NAME RE	andolph	Jackson				
(a) Residence: No.				St., Ward,		
		(Usual place	of abode)	If nonresident give city or town a		
PERSONAL AL				MEDICAL CERTIFICATE OF DEATH		
male	or or race black	5. SINGLE, MAR OR DIXORGE	RIED, WIDOWED, D (porite the word)	21. DATE OF DEATH Sept. (Month) (Day)	, 193 3 1 (Year)	
5a. If married, widowed, or div HUSBAND of (or) WIFE of Aler		on		22. I HEREBY CERTIFY, That I ettende	ed deceased from	
(OL) MILE OL TTTCI	10 Jacks	011		Sept. 8 1931 10 Sept. 27		
6. DATE OF BIRTH (month, da	ay, and year)	890		i last saw h im elive on Sept. 27 131 ; death is sald		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10:30 pm		
41	Unk	nown	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset	
8. Trede, profession, or p	particular			General Paralysis of the	Date of officer	
kind of work done SAWYER, BOOKKE  9. Industry or business i	eper, etc.	nknown		insane	?	
work was done, as SAW MILL, BANK,	SILK MILL,					
10. Date deceased last wo	orked et	11. Total t	ime (years)			
this occupation (myear)			nt In this upation			
12. BIRTHPLACE (city or town	Penns	ylvania		Other Coutributory Causes of importance: Syphilis	?	
(Stete or country)						
13. NAME Un	known					
14. BIRTHPLACE (city or t	town) Unl	known	·	Name of operation Date of		
1 (State of country)				What test confirmed diagnosis? Was there e	n eutopsy?	
15. MAIDEN NAME	Unknown			23. If death wes due to external causes (VIOL ENCE) fill in also the follow	ing:	
16. BIRTHPLACE (city or t	town) Unkno	own		Accident, suicide, or homicide? Date of injury	, 19	
≥ (State or country)				Where did injury occur? (Specify city or town, county and S		
	msville	ords Md.		Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC	PLACE.	
18. BURIAL, CREMATION, OR	REMOVAL DO	at To	mrons	Manner of injury		
Place Facult	and /a	Date O	19	Neture of injury		
19. UNDERTAKER	2 RA	CIL	1000	24. Was disease or injury in any way related to occupation of deceased		
(Address) 172	5 alil	and	ours.	If so, specification of the second of the se	1,1	
20. FILED.	1961	80	Registrar.	(Signed) (Address)	7 M. D.	
	If more	blanks are needed,	addres State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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E	kample I	1	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemarrhage	URAAU V.S.	July 5, 1927	Peritonitis	3 days ago
		4		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TANDALLOMAK	DI TION	T. OIL	T O ICE III LIIC	PARTITION OF THE PARTITION OF P	11.7 T	T TELLISIONALIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10448
1. PLACE OF DEATH	(82-0)
County C, CC,	Registration Dist. No. 20
Village Dr City Anne Anna Clar	witho 74 me St., Ward death optured in a hospital or institution, give its NAME instead of street and number)
Length ot residence in city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Hange Jean	1.0/
(a) Residence: No. Amapolis Pus	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22
6. DATE OF BIRTH (month, day, and year) 1887	I last saw helm alive on left 1931; death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, et
44   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related gauses of importance were as toflows:
8. Trade, protession, or particular kind of work done, as SPINNER, Roll Enound SAWYER, BDDKKEEPER, etc.	Chellral Alumanhage Jeff yh
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	51.,
10. Date deceased last worked at this occupation (month and year)	
	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Jul Draw	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME WEST RUNN	23. If death wes due to external eauses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT In Charles Mr. Anche Mr. (Address) A a am & Hime Mr.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL AND Date Slight 8th, 1931	Manner of injury
19. UNDERTAKER Davidon le MJ.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 8, 1931 Codward Collinson Registrar.	(Signed) / Morrow Hayes M.D.
If more blanks are needed address State Registrate	2477 N. Charles Street Baltimore Paraettee (7) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BURKAU V.			
Other contributory causes of importance:	15	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10449
County Anne Arundel	Registration Dist. No. 31
Village or City Crownsville State Hospi	tal <sub>No.</sub> St., Ward
Length of residence in city or town where death occurred 1 yrs 4 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Emanuel Johnson	
(a) Residence: No. Baltimore City	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
D. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male black or Divorcep (write the word) separated	September 18th (Year)
HUSBANO of (or) WIFE of separated (unknown)	22. I HEREBY CERTIFY, That I attended deceased from Apr. 23 19 30 to September 181931
DATE OF BIRTH (month, day, and year)	Hast saw h 1 m alive on Sept, 18th , 1931; death is said
AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2 : 30 Am M The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Chronic interstitial
kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	nephritis 15 me
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and spant in this year)	
2. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributory Causes of importance:
13. NAME Unknown	
14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of
15. MAIDEN NAME UNKNOWN	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
16. BIRTHPLACE (city or town) Unknown (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
7. INFORMANT Hospital Records (Address) Crownsville, Maryland	Where did injury occur?
8. BURIAL, CREMATION, OR REMOVAL Place Hought. Com Oate 9/23, 1934	Manner of injury
9. UNDERTAKER D. R. P. Winterole Dept. (Address) walesburg met.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
0. FILED 9/23/5/, 19 8 0 1 1 1 Registrar.	(Signed) (Signed) (Address) Prownsville, Maryland
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The section of the se			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Supplied. AGE should be stated EXACTLY. HYSICIANS Should state Exact statement of ACCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINEY, WI V. S. No. 1

1.	PLACE OF DEA		OF MAR	YLAND—	CERTIFICATE OF DEATH
	County	me irun	del		Registration Dist. No. 2
	Village or City	Grownsy	ille 3	ate Tosp	
	Length of residence in	city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2.	FULL NAME	James	Johnso		
	(a) Residence: No.	Lante	omery 0	ounts, Ma	erystand Ward.
-	PERSONAL AL	ID CTATICT	(Usual place		If nonresident give city or town and State
3. SE	PERSONAL AI	OR OR RACE	1	RRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
ma	le bla	Ck	OR DIVORCE	ED (write the word)	September 30th
5a. It	married, widowed, or div HUSBAND of	orced			(Month) (Dey) (Year)
	(or) WIFE of	Un	ilino wn		22. I HEREBY CERTIFY, That I attended deceased from Aug. 17 1931 to Sept. 30 1931
6. D/	ATE OF BIRTH (month, d	ay, and year)	1903		Hast sew him alive on Sept. 30 19 21 death is said
7. AG		Months	Days	If LESS than	to have occurred on the date steted above, at 5: 20P mile.
	28	Jnk	10W11	l day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
9	8. Trade, profession, or part kind of work done SAWYER, BOOKKE	es SPINNER,	Unkno	พท	Lecurrent cerebral hemorrhage
IRATION	9. Industry or business i	n which	<b>X</b> #####XY.	. EX4+	with hemiplegis of left side 48 hrs
5	work wes done, es SAW MILL, BANK,	etc			
5	10. Date deceased last we this occupation (m	onth end	sp:	time (years) ent in this upation	
12 D	IRTHPLACE (city or town	Unkn			Other Contributory Causes of importance:
12. D	(State or country)	)			
TER I	13. NAME	Inknown			
FATHER	14. BIRTHPLACE (city or	own)	n'tnown		Name of operation Date of
	(State or country) 15. MAIDEN NAME	Tr	10 20 10 11 20		What test confirmed diagnosis? Was there an autopsy?
王一			nknoun known		23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
Ψ.	16. BIRTHPLACE (city or to (State or country)	own)			Where did injury occur?
17. [	NFORMANT	Spital Cross	Records	Man Jane	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. B	URIAL, CREMATION, OR	REMOVAL	- 10	17. 3/	Manner of injury
19. U	NDERTAKER (Address)	or.b. a	Derlei	way	24. Was dispase or injury in any way related to occupation of deceased?
20. F	ILED 7-31	19	0)0	Registrar.	(Signed M.D. (Address) C. (Addr
		If more	blanks	address Property or	and M. Chada Sana Paking P. G. S. N.

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Example I	Table 1	Example II	
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Arteriosclerosis	T915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUTER			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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of infor-

STATE O	F MARYLAND—	-CERTIFICATE OF DEATH 10451
County Ame Arundel  Village or City Crownsv  Length of residence in city or town where de	(	Registration Dist. No.  St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)  s. 17 ds. How long in U.S. if of foreign birth? yrs. mos.
	y Johnson  9 County, Maryl (Usual place of abode)	angt, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH September 6th (Month) (Day) (Year)
5a. If merried, widowod, or divorced HUSBAND of (or) **IFE-or- Tiney Jo!	nnson	22. I HEREBY CERTIFY, That I attended deceased fr June, 19th 19 310 September 619 3
7. AGE Yeers Months 80 Unkn	Days If LESS than 1 day,hrs. ormin.	I last saw h. 1 m. alive on Sept. 6th, 19.21; death is s to heve occurred on the date stated above, at 2:45Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Ceneral Arteriosclerosis  Date of ons
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11. Total time (years) spant in this occupation	
	Jnknown	Other Contributory Causes of Importance:Senility
T 13. NAME Unknows	n	
14. BIRTHPLACE (city or town) Unkno		Name of operation
15. MAIDEN NAME Unknow.  16. BIRTHPLACE (city or town)	u Unknown	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Hospital Rec (Address) Crowns		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date AN 8 , 1931	Manner of injury
19. UNDERTAKER January (Address) Have	for higher	24. Was disease or Injury in any way related thocoupation of decear d?

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Example I		Example II	
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Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

ST	ATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	452
1. PLACE OF DEATH	17			3) 5	
County Unit	209			Registration Dist. No.	7
Village or City Che	sters	rell -	(If	No. St., f death occurred in a horpital or institution, give its NAME instead of street and	
Langth of residence in city of	or town where de	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsr	nosds
2. FULL NAME OF	ill or	The U.	avy yo	nes	
(a) Residence: No C	These	(Usual place	of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Sukumo neg			RfED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Dev)	, 1931
a. If marriad, widowed, or divorced	đ			7"	(1.9.7
(or) WIFE of				22. I HEREBY CERTIFY, That Lattender	
DATE OF BIRTH (month, day, ar	nd year)	Mon	1	Plast saw h slive on 19	
. AGE Years	Months	Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
8. Trade, profession, or partic kind of work dona, as SAWYER, BODKKEEPER	SPINNER,	none	· VIIII	Merustine birth	Date of onse
kind of work dona, as SAWYER, BODKKEEPEF 9. Industry or business In will work was done, as SILI SAW MILL, BANK, etc.	hich K MILL.	non			
1D. Date deceased fast worked this occupation (month year)	fat and	11. Total ti spe occu	ima (years) nt in this upation	. •	~
2. BfRTHPLACE (city or town)	Check	of sud	-	Dther Coutributory Causes of importanca:	
1 13. NAME with	ww			-	
f3. NAME  14. BIRTHPLACE (city or town)  (Stata or country)	, unt	nown		Name of operation Date of	_
1	an au	4 km	مدعم	What test confirmed diagnosis?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State of country)	940	crylo	ust.	23. If death was dua to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did Injury occur?	, 19
7. INFORMANT (Address)	Jone	ر مد	14 1	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or io PUBLEC P	ate) LACE,
8 TURIAL, CREMATION, OR REM	OVAL	Date 9/1	0193/	Manner of injury	
9. UNDERTAKER (Address)	Jours	Jour	mi	24. Was disease or injury in any way related to occupation of deceased?	<i>n</i>
20, FILED 9/4 - 3,16	A	AD &	Registrar. O	(Signed) Home Early as Lover	-4+
	If more b	lanks are needed, a		2411 N. Marles Streets Baltimore, Reassesting U. S. No.	cry Mu

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA. ORD. Every item of inforstated EXACTLY UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. -WRITE PLAINE

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 10453
1. PLACE OF DEATH	23)
County Anne Arundel	Registration Dist. No.
Village or City Crownsville State I	OSDI No. 1 St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred6yrs,	mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME John F. Jones	
(a) Residence: No. At Large	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the work single)	D. 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended decesed from Feb. 4th 19 25, to Sept. 10 1931
6. DATE OF BIRTH (month, day, end year) 1905	Hast saw h im alive on Sept. 10 19 31; death is sald
7. AGE Years Months Days If LESS to 1 day	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc	Pulmonary tuberculosis 3 mos
this occupation (month end spant in this occupation occupation large spant in this occupation large spant in the spant in this occupation large spant in the spant in the spant in the occupation large spant in the spant	Other Contributory Causes of importance:
(State or country)	
HE 13. NAME Paul Jones 14. BIRTHPLACE (city or town) North Carolina (State or country)	Name of operation Dete of Was there en autopsy?
置 15. MAIDEN NAME Unknown	23, If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Unknown (State or country)	Accident, suicide, or homicide?
Ho spital Records (Address) Crownsville, Maryland	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Date 9/10 - ,	Manner of Injury
19. UNDERTAKER S. R. Windersche Sup (Address) Walesburg	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.
20. FILED 9 15 19 50 9 9 7 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed Crownsville Maryland M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital of institution, give its NAME instead of street and number) vrs 4 mos. How long in U.S. if of foreign birth? Length of residence in city or town where death occurred ds. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Marriad (Month) (Day) 5a, If married, widewed, or diversed HUSBAND of ERTIFY, That I attended seeased from 22. (or) WIFE of 7. AGE Months Deys If LESS than to have occurred on the date stated ebove, at \_\_\_\_\_ 1 day, \_\_\_\_ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or \_\_\_\_ min. Oate of onset 8. Trede, profession, or particular THIS. kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which back should work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Oate deceased last worked at 11. Totel time (years) this occupation (month and spent in this occupation (State or country FATHER 14. BIRTHPLACE (city or town (Stete or country) What test confirmed diagnosis? carefully Wes there an autopsy2 MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (State or country) should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Neture of injury NOIL 24. Was disease or injury In any way related to occupation of deceased? Harel If so, specify (Signed) (Address) \_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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6 6 7			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
	1.		

N. B.

		NAME		Rs		influed - S
	PERSON	AL AND	STATISTIC	CAL PAR	TICU	ILARS
8 8	ex un	4 COLOR	or race	5 SINGLE MARRII WIDOW OR DIV (Write t	ED. ED ORC	ED ord)
D	ATE OF BIR	ти 9	- //	<i>/</i> -	3/	, 1
AG	116		(Month)	(D:	ay)	(Year)
			<b>1</b>			If LESS than I dayhrs. or min.?
(b	articular kind ) General na	ture of indus		Rose	27	
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(but the state of	O) General na usiness, or eshich employed RTHPLACE (State or edited on the state of	ture of industablishment d or (emplountry)  LACE HER OF COUNTRY)  NAME HER  LACE	Lent Stuff	lucis Ese S S	que y.	rmany
(bush BI	O) General na usiness, or eshich employed RTHPLACE (State or edited on the state of	ture of industablishment d or (employmentry)  If the country)  NAME HER  LACE HER  LACE HER  OF COUNTRY)  LACE HER  OF COUNTRY)	Stuffer Hame	lucies  Les S  ant, S	Fee 24.	many

16455

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23.

n Lansdosine Ward)	(If death occurred in a hospital or institu-
41/20m	tion, give its NAME in- stead of street and number.)

MEDICAL	CERTIFICATE	OF DEATH	
16 DATE OF DEATH		- /	
9	- 14	- 3/	119
	(Month)	(Day)	(Year)
17 I HEREBY CERT	TIFY, That I a	ttended the d	eceased from
	192, to		192
that I last saw hal	ive on	•••••••	, 192
and that death occurred or	n the date stat	ed above, at	
The CAUSE OF DEATH &	was as fallows		
THE CAUGE OF DEATH A	was as lollows.		
		•••••	
Short		1	
1 hour	con oc	6 le	112/25
·····		•••••	
******	(Duration)	yrs	nos de
Contributory			
Secondary			
	(Duration)	yrs	mas de
(Signed) Caldus		0. //	
(Signed)	2.6.1	s. acksung	M. D
9-14 1923/ (A	ddraw Lev	Huch	w
*State the Disease Violent Causes, state (	1) Means of In	jury; and (2)	whether
Accidental, Suicidal or			
18 LENGTH OF RESIDE		pitals, Institut	ions, Trans-
ients, or Recent Residen	•		
At place of death yrs mos	da, In th	ite, yrs	mosda
Where was disease contracted,			
if not at place of death?	** *** * * * * * * * * * * * * * * * * *		***********
Former or usual residence			
9 PLACE OF BURIAL OF	REMOVAT	DATE OF B	TIDIAT
*	A		UNIAL
115000800	of		19
20 UNDERTAKER	0 -	ADDRESS	
	60		0
		em so	3
0 377 0 1 2 01 20 11			

(Approved by U. S. Consus and American Public Health Association.)

or given up on account of the mseast causing death. tired 6 ms.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Norvant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House whatever, write Nonc. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form par: of the second statement (a) Foreman. (b) Antomobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomoline engineer, tion applies to each and every person, irrespective or fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phenmenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or miscarriage as Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse Poisoned by carbol's acid-grobably suicide. The na train-accident; Revolver would or head-homicide; Examples: Accidental drowning; Struck by railrean as probably such if imposible to determine definitely. and quality as accidental, suicidal, or homicidal, or State cause for which augical operation was under "PUERPIRAL seplicaem": "PUIBEIRAL peritonitis," etc. can be ascertained to the cause. Always qualify all "Uracmia," "Wealn s." .tc., when a definite disease rhage," "Inauition" "Marasmus," "Old Age," "Shock," "Dropsy," "Textinestion." "Heart failure." "Haemor vulsions." symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such a "Asthenia." ary), 10 ds. Nev r report mere symptoms or (erminal causing death), .9 dx.; Bronchopneumonia (secondstated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or is eccurrent) affection need not be Chronic interstitied acphritis, etc. The contributory ..... (mame origin; "Cancer" is less definite; avoid Whooping cough: FOR VIOLENT D. ATHS STATE MEANS OF INJURY "Debility" ("Congenital." "Senile," etc.), (Tronic valoular heart discuse; (R commendations on state-"Amaemia" (disease (merely

If this certificate is 15 ked over thoroughly and all questions answered in 'c'at!, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) CIANS ds. How long in U.S. if of foreign birth? yrs. ... mos. ... ds. \_\_\_mos. St., 3 If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) BINDING 5a. Itanarried, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 12 28 - 1929 certificate. 7. AGE Months If LESS than Years Oays to have occurred on the date stated, 1 day, ... -- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or .... min. Date of onset 8. Trade, profession, or particuler kind of work done, as SPINNER. RESERVED SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased last worked at 11. Totel time (years)
spant in this this occupation (month and that occupation 12. BIRTHPLACE (city or town) MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) ain assor 6 (State or country) What test confirmed diagnosis?\_ Wes there an autopsy?\_\_\_ MOTHER careful important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_. should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. OF (Address) - Wash 18. BURIAL, CREMATION, OR REMOV. Manner of injury 91 WRITE CAUSE mation LION Nature of injury 24. Was disease or injury in any way releted to occupation of deceased? 19. UNDERTAKER S. No. (Address) and If so, specify 囟 (Signed) 20. FILED Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a terson who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	BUREAU V. 3	July 5,1927	Peritonitis	3 days ago
		~		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1PLACE OF DEATH	1045 STATE OF MARYLAND
County Clum armalel	© CERTIFICATE OF DEATH
Village or City Quesque (No	Registration Dist. No.  Registration Dist. No.  (If death occurred in a hospital or Institution, give its NAME in-
2FUE NAME Still tom female of	Mrs. C. E. Laub. street and nulaber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRISD, WIDWED, OR DAORCED (Write the word)	16 DATE OF DEATH Sept. 8th, 1921 (Month)—(Day) (Year)
Sep. T. 8th 1931	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h, 192, 192
7 AGE  If LESS than  I day hrs.  yre to a mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Tichat
(b) General nature of industry business, or establishment in	(Duration) yrs mas da.
which employed or (employer)  BIRTHPLACE (State or country)	Contributory
10 NAME OF Charles Edward Faret.	(Signed) Trace Some of Grade W D
11 BIRTHPLACE OF FATHER (State or country) Putts hungh, Pa.	*State the Disease Causing Death, or, In desths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Hazel Frizzell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country) Tura Scitia. Can.	At place of death yrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Agada & Casala	ususi residence
Mes (Address) Midding And And	Hwal Certalempl Supt 9. 19.31
Filed for 9 1923/ The Registrar	John 24. Vay la Ossupel
If mora blanks are needed, address State Registra	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Cengus-and American Public Health Association.)

fulness of various pursuits can be known. The question applies to oach and every person, irrespective of cupation is very important, so that the relative health. Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g.. Former or Planter, Physician, Compositor, Architect, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return" Laborer," "Foreman," "Manager," "Dealployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, perilonaeum, etc., Carcinoma, Sarcama, etc., of "Inanition," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Whooping eough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: A ceidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need not be ss important. Example: Mcosles (disease Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is loked over thoroughly and all questions anywered in defail, it will prevent further correspondence. Althe data is essential and must be obtained before the certificate is permanently filed.

CORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, W. I UNFADING INK.-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY, W

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10458
1. PLACE OF DEATH	· ·
county Anne Annades	Registration Dist. No. 20
Village or City Edge water	NoSt.,Ward
Length of residence in city or town where death occurred 70 yrs, mo	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Imo Ellan to	
(a) Residence; No. Edges ales	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Yaar)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of  Aline	1 HEREBY CERTIFY, That I attended deceased from 2 193/ to Dept 1 193/
5. DATE OF BIRTH (month, day, and year) Mare 20th 1850	I last saw h. 2/ alive on De fol 1377 , 193/; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Tutal Caremona Dec
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this	77.50
year) / Class 1.7 30 occupation	Other Contributory Causes of importance:
13. NAME /a / han, 2 17. Brewes	
13. NAME / (a / han, 2) . Orliver  14. BIRTHPLACE (city or town) Mary face of country)	Nama af operation Date of What test confirmed diagnosid before Was there an autopsy?
15. MAIDEN NAME Mary 2. Burch	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary 2. Burch  16. BIRTHPLACE (city or town) Than there of Cary level -	Accident, suicide, or homicide? Date of injury, 19 Where did injory occur?
17. INFORMANT / cholas Asuver (Address) Edge Water Md-	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hel Halling My Date Repty 7th, 1931	Manner of injury
19. UNDERTAKER ANAST Livist Stille	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED Sept 17, 1931 Edward Collins	(Signed) All All All All All All All All All Al

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I ner 8 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		- 1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURLAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many oecupations a single word or term on without more precise specification as Day Grocery;

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WRITE PLA

	PLACE OF DEATH  County 1	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23		
	Village or City + engla No.  2FULL NAME / funna	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3 SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH  C. L. J.	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from		
	(Month) (Day) (Year)  7 AGE    If LESS than   day hrs.   or min.	and that death occurred on the data stated above, at		
1111	COCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yie mos de.		
	9 BIRTHPLACE (State or country)  10 NAME OF FATHER Vermal Anchow Howard  11 BIRTHPLACE OF FATHER (State or country) Batto.  12 MAIDEN NAME	Contributory Secondary  (Duration)  To Man M. D.  (Signed)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  4 MANUELLA MARIEN  (Informant)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. In the State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence DATE OF BURIAL		
	(Address) <u>ferndale</u> 15 Filed 9 - 15 1931 0. Woodunff Registrar	20 UN DERTAKER ADDRESS		

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification and laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. to report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10461
1. PLACE OF DEATH	<u>(3)</u>
County Mary Mundel	Registration Dist. No.
Village or City Churchlon	No. St, Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs	ds. How long In U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Herbert Offer	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Self (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Sept 4 1931	I last saw h alive on, 19; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than  1 day, D hrs  ormin.	to have occurred on the date stated above, at
0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done as SPINNER.	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Stillborn
work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this	
lo l	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Multiple Md (State or country)	
13. NAME Heater Offer	
	Name of operation Date of
14. BIRTHPLACE (city or town) have ellow	What test confirmed diagnosis?
= 15. MAIDEN NAME (Mary Williams	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Williams  16. BIRTHPLACE (city or town) Balliamore  (State or country)	Accident, sulcide, or homicide?, 19, 19, 19
State or country)	Where did injury occur?
15. MAIDEN NAME Mary (Villiams  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Hestery of the (Address)  (Address)  18. BURIAL CREMATION OR REMOVA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Franklin Cen Date Sept 6, 1931	Nature of injury
OF 19. UNDERTAKER Ges Growns (Address)	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Septe for 1931 Ges A Sent M. D. Registrar.	(Signed) Les A Desch M. D.  (Address) Ohm shlore MA
	, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAU V.S.	July 5,1927	Peritonitis	3 days ngo	
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

tired & 318.). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing DEATH, gaged in Comestic service for wages, as Servant, Cook ployed, as At "chool or At home. Care should be taken definite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Earm laborer. Laborer er," etc., without more precise specification as Day Never return "Inborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in inclustrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planto: tion applied to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupation: of persons en-(a) Foremen, (b) Automobile factory. Civil engineer, Stationary fremen, etc. Statement of Occupation-Precise statement of oc For many occupations a single word or term on 01. 47 Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. The material But in many Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease Nomenclature of the American Medical Association. ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbalic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resuiting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn." "Heart failure," "Haemor causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; For "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart discase; (Recommendations on state-"Апаетіа" "Coma," "Con-The na-(second-(merely

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	30%	Example II		
The principal cause of death and related of importance were as follows:	Causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	7	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	T	N. B. Every item of information should be carefully supplied. ACE s CIANS should state CAUSE OF DEATH in plain terms so that i
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V. S. No. 1

illoate.	PLACE OF DEATH  County O	St.: Ward)  St.: Ward)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 24, 1931
2 110 8110	6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h 2 alive on Sept. 2 3 1931,
100000000000000000000000000000000000000	7 AGE  7 2 yrs. 5 mos. / 9 ds. or min.?	and that death occurred on the date stated above, at 6 20 A. m. The CAUSE OF DEATH * was as follows:  Myocardial
000	(a) Trade, profession or particular kind of work  (b) General nature of industry	many.
100	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (2 2 2
0 401	10 NAME OF JEV. H. WOOD	(Signed) / Markshipley M. D. 9/24/32 (Address) Savarla Md
	OF FATHER (State or country) 12 MAIDEN NAME    12 MAIDEN NAME   14 MAIDEN NAME   15 MAIDEN NAME   16 MAIDEN NAME   17 MAIDEN NAME   17 MAIDEN NAME   18 MAIDEN	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	a of MOTHER Mealer Wilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) U. WM Poffs	Former or usual residence.
	(Address) Hanvuler Und., R+W.	Wt. Olivet, Balls 9 26, 131
	Filed 1924 1921 Claus Molasluh Registrat	20 UN DERTAKER ADDRESS / 1219 It Paul
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Nomenclature Chronic chopneumonia (secondary), etc. The valvular heart discase; contributory Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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19. UNDERTAKER (Address)

### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT County Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? vss. mos. ds. Length of residence in city or town where death occurred 2. FULL NAME St. (a) Residence: No. Ward (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day (Year) 5a, If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than Davs 1 day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_ min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?\_\_\_\_ Was there an autopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town (State or country) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury Nature of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify (Signed)

24. Was disease or injury in any

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT 5 1931	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   PURBAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public II alth Association.)

en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; if nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISLASE CAUSING BEATH, gaged in domestic service for wages, as Screent, Cook, ployed, as At "chool or Al home. Care should be taken definite salary), may be entered a. Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm luborer, Laborer-Coal mine. etc. Womworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons enwhatever, write None. House maid. etc. Statement of Occupation Precise statement of oc For many occupations a single word or term or or At Home, and children, not gainfully emespecially in industrial employments, it is neces without more precise specification as Day If the occupation has been changed As examples: (a) The insterial

Statement of Cause of Death—Name, first, the distance of Cause of Peath—Name, first, the distance of Cause of Cause of Cause of the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Caretro pinal fever (the only definite synonym is "Ephtenia carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

the certificate is perman ntly fil.

head Buch The this certifinte is looked on a three live and all questions answered in detail, it will remove further correspondance. If the data is essential and must be obtained before ingra, peritonacum, etc., ture of the injury, as flerure of kull, and conserhage," "hamition," "Maresmus," "Old Age," "Shock," condition . ary), 10 ds. Never report more agrantume or causing death), 29 ds.; Brondo a amonia stated unless important. use of "Tumor" for malignant neorlasms); unqualified, is indefinite); Tulorculoris of lungs, men-Nom nelature of the American Medical Association.) train-accident; Revolver por to haid-homicide; as probably such, if impossible to as runne definitely. and quality as Accidental, effects i. of Homicidal, or State cause for whiel, an ical operation was under diseases resulting from childhirth or miscarriage as can be ascertained as the can e. "Uraemia," "Weaknes." ct., who a definite discase "Dropsy." "Ethenstica." "I.... vulsio 14." symptomatic), "Atrophy," "Collegee," "Coma," "Con-(secondary or intercurrent) affection need not be Chronic interstilled neghritis. Whooping cough; Chremic rate to leart ...... (name origin; "Cuncer" n = s definite; avoid Poisoned by smarie ecid-pounds arieice. The na Examples: "Pulleum. septicaem'a." Pullena phitonitis," of "contributory." (Recommendations on state of cause of death approved by Committee FOR VIOLENT DUALIS MALE MILLINS OF INJURY (e. g., sepsis telanus) and he stated under the "Debility" such as "Astheni" "Anomia" Ancidental drowning; strutt ly ("Congnital," "Smile," etc.) Carcinoni. Example: Measles Always qualify all The contributory surcoma, etc. or "Haemordisease; Mensics; terminal (disease (merely (secondetc.

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M	-WRITE PLAINLY, WI UNFADING INK-THIS IS A PERMANENT PARTY EVERY item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. THYSICIANS should state
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properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

	STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	10458
1. PLACE OF	F DEATH					

1. PLACE OF	F DEAT	TH						
County	Anne	Arunde	21		Registration Dist, Np. 21			
		Lvaton y or town where d	eath occurred	(lí	No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U.S. if of foreign birth? yrs. rr	ward number)		
2. FULL NA (a) Residen	ME	John John L	Adam Rev	sing	St., Ward.  If nonresident give eity or town and	1 State		
			CAL PARTIC		MEDICAL CERTIFICATE OF DEATH			
3. SEX male	y	or RACE	5. SINGLE, MARE OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH September (Month) (Day)	, 193T (Year)		
5a. If marriad, widow HUSBAND of (or) WIFE of				T07T	22. I HEREBY CERTIFY, That I attended deceased fro			
6. DATE OF BIRTH OF AGE  7. AGE  8. Trade, profes	rs	Months I	Days I3	IF LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at. 7 &n.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Acute gastro-enteritis	Pate of onset		
1D. Date decease	s done, as SI L. BANK, et ed last work pation (mon  ty or town)  ntry)	ILK MILL, tc	ton, Md.	t in this pation	Other Contributory Causes of importance:			
14. BIRTHPLACE		wn)	Reusing	5	Name of operation Data of What test confirmed diagnosis?_history Was there an			
15. MAIDEN NAME Mildred Beatty  16. BIRTHPLACE (city or town) Elvaton, d. (Stata or couniry)  17. INFORMANT John Adam Reusing (Address) Elvaton, Md.  18. BURIAL, CREMATIDN, OR REMDVAL Place Elvaton I6 Date September 1931					23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of injury Whera did Injury occur? (Specify city or town, county and Standard Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19 te)		
					Manner of injuryNatura of injury			
19. UNDERTAKER (Address)  20. FILED 9-1	Elva	Adam F ton, Md		Secure Registrar.	24. Was disaasa or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Address	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis DCT = 193	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

### REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

definite rathery , may be entered as Housewife, Houseen at home, who are engaged in the duties of the ployed, as 'Il "rhool or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments it is necescupation is very important, so that the relative health state occupation at beginning of illness. If retired from or given up on account of the DISHAGE CAUSING DEATH, gaged in domestic service for wages, as Screent, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc.. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocory;
(a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques whatever, write None. business, that fact may be indicated thus: Farmet (reto report specifically the occupations Civil engineer. Stationary farences, etc. But in many Physician. Compositor. Architect, Locomotive engineer Statement of Occupation Precise statement of oc-6 yrs.). For persons who have no occupation For many occupations a single word or term on without more precise specification as Day As examples: (a) of persons en-

Lobar pneumonia, Bronchopneumonia ("Pneumonia." Typhoid fever (never report "Typhoid pneumenta"); spinal meningitis"); Diphtheria (avoid nevof "('roup"); fever (the only definite synonym is "Epilemie combro ed term for the .. ume disease. Examples: Carebro pina to time and cauration), using always the same necept EASE CAUSING DEATH (the primary affection with respect btacement of cause of Death-Name, first, the pre-

tions ende.

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will re ve t further correspond-

onent of Nomenclature of the American Medical Association.) heal quences (e.g., sepsis, tolune) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver would of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent beatis state means of injury "Putrpukal septicaemia." "Pulal Bal p vilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cauce. "Uraemia," "Weeknes." etc. when a definite discase rhage." "Inmition." "Mar. mus," "Old Age," "Shock," "Dropsy." "Exhaustica," "I' ::. Yulsions." symptomatic), "Atrophy," "Coll.In." conditions, such as "Asthenia," ary), 10 ds. causing death), 29 (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; Chronic use of "Tumor" for mali, nant neoplasma); ...... (name origin; "Cange" is I as definite; avoid nges perilonaeum, etc., Carchon. Sarcoma, etc., of "inqualified, is indefinite); Tuborculosis of lungs, men Poisoned by carbolic acid-prob blu suicide. The na Examples: If this certificate is to ked over thoroughly and all quesof "contributory." (R commendations on statecause for which surrical operation was underunle s important. cause of death armrow d ly Committee "Debtity" ("Congenita"," "Finile," etc.), Accidental drowning; Struck by Never report more symptoms or terminal ds. Broact or acumonia Examp'e: Measles valutar heart "Anaemia" Always qualify all The contributory "Соша," "Haemordiscuse; Meustes; (disease (second-(merely "Conetc.

₹ 102

PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEDUCION (Write the word)	Sept 20, (Month) (Day)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h realise on selections.
7 AGE    If LESS that   I day hrs   I day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or Housework (b) General nature of industry	Chronic Nephret
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  Man Canada	Contributory Secondary
10 NAME OF Nichols Smith	(Signed) Thos Walfer Balvis
OF FATHER (State or country) UNKNOWN  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in dea Violent Causes, state (1) Means of Injury and (2) Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or Country) MNKN	ients or Recent Residents)  At place of deathyrsmosds. In the Stateyrs
(Informant) Harry Culture	Where was disease contracted, if not at place of death?
(Address) 648 Dover & Baltimo	19 PLACE OF BURIAL OR REMOVAL  Sept 2 20 UNDERTAKER  ADDRESS
Filed 22 2 19231 N.d. 16 NOS Selan Loca & Registrar	M. Fladura Collins

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 22

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Howsomaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reto report definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Physician, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coul minc, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Locomolive engineer, (6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ name origin; "Cander" is loss definite; avoid carbolic acid-probably suicide accident; Revolver wound of had-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all "Exhaustion, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. use of "Tumor" for malignant neoplasms); Measles; approved Recommendations on statement of cause of kelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (inerely symptomcausing (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the cough; ("Congenital," or intercurrent) ongenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic Example: Measles (disease The n .ture of the injury, affection need etc. The contributory valvular heart discase; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V, S. No. 1

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH
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	10	4	1	ж
2	V	I	- 6	A.

1, PLACE OF DEATH			(131)	,
County Anne Arund	el		Registration Dist. No.	7
	ere death occurred	11.7	St.,  Teach occurred in a horpital or institution, give its NAME instead of street and second	Ward number) ds.
2. FULL NAME AT	bor Smith	1		
	cil Count	Y	St., Ward.  If nonresident give city or town ar	id State
PERSONAL AND STAT	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE black		RRIED, WIDOWED, D (write the word) O WM	21. DATE OF DEATH September 16th (Month)	, 193 ] (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unit	nown		22. I HEREBY CERTIFY, That I attended March 19th 1924, to September	
6. DATE OF BIRTH (month, day, and year)	1873		Hast saw h. im alive on Sept. 16th 19	
7. AGE Years Month	Days unknown	If LESS than  1 day, hrs.	to have occurred on the date stated above, at 3:30	
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc	Unkr	iown	Chronic interstitial nephritis	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				- J-1-0 •
10. Date deceased last worked at this occupation (month and year)	Sp3	ime (years) ntin this upation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Unit (State or country)	nown		Other Controllery Causes of Importance;	
13. NAME Unknown				
14. BIRTHPLACE (city or town) UT	known		Name of operation Date of What test confirmed diagnosis? Was there an	autonsy?
置 15. MAIDEN NAME Unknow	n		23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Unknown		Accident, suicide, or homicide? Date of injury Date of injury	
17. INFORMANT Hospital (Address) Crownsv	Records	yland	(Specify city or town, county and SI Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	w. Date 9/1	6 3	Manner of injury	
19. UNDERTAKER ON (Address)	Winter	The Sufer	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify	0
20. FILED 9 16 375/5 C	360	Jozeph Registrar.	(Stened) (Address) Crownsville, Maryl	7.0.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state ACCUPA-CORD. Every item of infor-Jo PHYSICIANS Exact statement stated EXACTLY A PERMANENT, properly classified. TION is very important. See instructions on back of certificate. UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.—WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	The second section of the second seco
County Grandel	Registration Dist. No. 26
Village or City Chuschlyn (If	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Migund Imith	
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Col OR DIVORCED (write the word)	(Month) PDay) , 193/
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May 11 1972	I last saw him alive on Sept 9 , 19.81; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7 Pm.
19 4 28 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
o Frade, profession, or particular kind of work done, as SPINNER, Layslamen, SAWYER, BDOKKEPER, etc.	afact
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Typhoid fever July 31
1D. Date deceased last worked at this occupation (month and year)	<i>1</i>
1011	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) WMMDMMM (State or country)	-
13. NAME Edward Smith	
Ι .	Name of operation Date of
4. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mannie Thomas	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Manne Mompson  16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Educard Smith (Address) Physical Line Ind	(Specify city or town, county and Stole) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Franklin Cesa Date Sept 12, 1931	- Nature of injury
19. UNDERTAKER & Hardesly (Address)	24. Was disease er injury in any way related to occupation of deceased? 24
20, FILED Dept 10, 1931 - Geo. J. Sent M. D. Registrar.	(Signed) Ger Dent M. D.  (Address) Churchlen M. d.
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemarrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURBAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gąstrocnteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ed. A	IS SO th	structi	2
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refully	in pla	ortant.	1
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maron	CAU	PATIO	
f Infor	d state	occur	
Item o	shoul	ent of	
N. B Every Item of Information should be carefully supplied. ACE should to stated EXACTLY, PHYSI-	CIANS	statement of OCCUPATION is very Important, See instructions on back of certificate.	
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PA

PLACE OF DEATH  County Anne Arundel	II S	10414 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 27  S. Naval Hospital Ward (If death occurred in
Village or City Annapolis, (No. 2FUEL NAME SMITH, Will		tion, give its NAME In-
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED WIDOWE OR DIVO OR DIVO (Write the		16 DATE OF DEATH Seft 20th, 1981  September (Month) 10 (Day) 1931 (Year)
August (Month) (Da	15, 895 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  June 8 th 1931 to Sept 20th, 1931, that I last saw him alive on Sept 20th, 1931,
7 AGE 36 yrs. 1 mos. 5	If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)		ate Unresolved lobor preumonia. Culs R.  Cultilary, february Chromes  (Burstion) vre., 2 mos. de.
9 BIRTHPLACE (State or country) Staunton, Virg	inia.	Contributory Secondary Syphiliss (Duration) yrs mos. ds.
10 NAME OF FATHER CHARREN		(Signed) L. P. Mershorses M. D. 9/2, 1981 (Address) U.S. Nav. Horp. aungolis de
OF FATHER  (State or country) Charles		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME		Accidental Deficital of Alomicidan

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

	1	
(Informant) Woval	La la landon	
(Address Verm C)	5 Mily	

ients or Recent Residents)

Where was disease contracted, if not at place of death?.....

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

Pr.George

OR REMOVAL

In the State...

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Pairo.,

At place

of death ...

usual residence

(Approved by U. S. Census and American Public Health Association.)

Spinner, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Physician, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, Compositor, Architect, Locomotive engineer, For persons who have no occupation 6) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Dinklheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Example: Measles (disease chopneumonia (secondary) etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may

ORD. Every item of infor-HYSICIANS should state

ACCUPA-

Exact statement of

be properly classified.

certificate.

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See instructions on back

TION is very important.

STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 10474		
County Aure Arangel			Posistation Nick N. 49		
Village or City Grammavil		e Hospit	Registration Dist. No.		
		¬ (If	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence ig city or town where de	ra Sout	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.		
Z. FOLL MAINE		d : 1			
(a) Residence: No.	(Usual place		St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 14. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)			21. DATE OF DEATH  September 19th (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of Unknown			22. I HEREBY CERTIFY, That I attended deceased from July 28th. 19 31 to Sept. 19 19 31		
. Ditte of Ditter (month, day, and year)	.873		Hast saw h. eP alive on Sept. 19th 19 31; death is seid		
7. AGE Years Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at 12; 10 m. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
	nown	ormin.	were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Minogha	3	Acute pericarditis 5 das.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					
10. Data deceesed last worked et this occupetion (month end year)		it in this			
12. BIRTHPLACE (city or town) Geol (State or country)	gia		Other Contributory Canses of importance:		
置 13. NAME Plate	Hopkin	ns			
14. BIRTHPLACE (city or town) GPOIL (State or country)	gia		Name of operation Date of		
E 15. MAIDEN NAME Clar	s (Unk	no, n)	What test confirmed diagnosis?		
16. BIRTHPLACE (city or town) Terginia (State or country)			23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?		
17. INFORMANT HOSPIDER RECORDS  (Address) Grogoryille Jericand					
18. BURIAL, CREMATION, R REMOVAL	woode L	100/273	Manner of injury		
19. UNDERTAKE ALLUMEN (Address)	Jet.	tousla	Was disease or Injury in any way related to occupation of deceased?		
20. FILED (1) 2 2, 193.	766.8	Registrar.	(Signed) M. D. (Address) M. D.		

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Example I  The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	OCT 1003	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Anna () Years	July 5,1927	Peritonitis	3 days ago	
4	BUREAU V.	III.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of infor-

5, 1	WRIT mation CAUSI TION
S. No	<u> </u>
0/3	
>	z(T)

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County ( )	Registration Dist. No. 26
Village or City Shady Side Md	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Oronge Slanmoter	
(a) Residence: No. Sonay Sids -	St., — Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Maried Maried	(Month) (Day) (Year)
5a. If married, wildowed, or diversed Miggie Olivers 3 - 4)	22. I HEREBY CERTIFY Ahat Lattended deceased from
(or) WHE of) Planted	Sout 6 100 1 to Sept 9 1931
6. DATE OF BIRTH (month, day, and year) Lukeure 1867	I last saw ham alive on fest 9 , 1921; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 240 m.
64 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	The delivered Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation	
Matt. Ocar 1	Dther Contributary Causes of importance:
12. BIRTHPLACE (city or town) My Jion C. C Ma (State or country)	Obudico deletelin
13. NAME — Slam Motor  14. BIRTHPLACE (city or town) — Co Ca tud	
4. BIRTHPLACE (city or town) A - A - Co - Md	Neme of operation Date of
(State of Lounity)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (I SEVEL Randall 16. BIRTHPLACE (city or town) M1-25'01	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country) a a a a a a a a a a a a a a a a a a a	Accidant, sulcide, or homicide?
(State of country) and the state of the stat	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Coraglia Mathews	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Shady Side Ma.  18. BURIAL, CREMATION, OR REMOVAL	
Place SI Paul Cont Date 9 /4 1931	Manner of injury
e H D D. L	Nature of injury
19. UNDERTAKER C. 11. 13. 1 ax 16. 1	24. Was disease or injury in any way related to occupation of deceased?
(Address) 47 Washington 81	(Signed) Susy William M. D.
20. FILED Sept 13, 1931 Teo / Sup M. D. Resistrar.	(Address) Dun b lld
Acgistrat.	" (1101100) == Charles == == == == == == == == == == == == ==

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1928	Gostroenteritis	1 year	

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. I.

S. No. 1

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	-12	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Inn Grandel	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Delmont (No. Thom	Registration Dist. No. 2
2 FULL NAME fames B ds	a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Write the word)	(Month) Por (Day) 20 (Year)
6 DATE OF BIRTH 22 , 1856	17 I HEREBY CERTIFY, That I attended the deceased from Sept. 1921. to Sept. 20, 192
7 AGE (Month) (Day) (Year)	
yrs. / mos. 27 ds. or min.?	1.
(a) Trade, profession or particular kind of work  (b) General nature of industry	Hypostofic moris
business, or establishment in which employed or (employer).  BIRTHPLACE (State or country)	Contributory Heritalegia (from the Secondary
10 NAME OF Jelon Stimbend	(Signed) Was M. D.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MASTIN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place  In the
(State or Country)  14 THE ABOVE IS TRUE TO THE BESK OF MY KNOWLEDGE	of death
(Interior Commie G. Timeheard	Former or usual residence
15 File File 1923 August Nay	Le dar Bluff 3497 23, 1931 20 UNDERTAKER ADDRESS 7/5 / 1/5 / 1/5 / 54
If more blanks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more preuse legislationer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-(a) Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-For many occupations a single word or term on specifically the occupations of persons en-For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

permanently filed.

answered in detail, it will prevent further correspondence:

must be obtained before the certificate is

telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mensecondary If this certificate is looked over thoroughly and all questions peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic Example: Measles (disease valvular heart disease; affection need not be etc. The contributory Nomenclature

OCC Should

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	7===
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

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		T.	P	CU	
	/	m o	nou	00	
	/	-WRITE PLAINLY, WIT, UNFADING INK-THIS IS A PERMANENT RIT RID. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. MYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
/		ery	NS	ent	
		Ev	CIA	eme	
	•	SD.	SI	stat	
		T	E	ct :	
		RI		Exa	
		L	Y.		
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	OR	7	ate	obe.	rtif
	H	SI IS	St	pr	cer
	MARGIN RESERVED FOR BINDING	HIS	be	pe	Jo
	RV	T	plno	nay	ack
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		S.	car	LH	ort
		Z	be	EA	imi
		LA	pIn	D	iry
		e e	sho	10	TION is very important. See instructions on back of certificate.
		TI	on	SE	Z
	-	WR	lati	AL	10
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	S	TATE OF	MARY	LAND-	CERTIFICATE OF DEATH		
1.	PLACE OF DEA	TH			92.0		
County Anne Arundel					Registration Dist. No. 2I		
	Village or City	Greenland	l Beach	, Stony	Crack  St., Ward  death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length of residence in ci	ty or town where dea	th occurred 2	yrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
2	FULL NAME	Basil S	trutz				
(a) Residence: No. Greenland Beach (Usual place of abode)				ch f abode)	St., Ward.  If nonresident give city or town and State		
	PERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) white widower			OR DIVORCED	(write the word)	21. DATE OF DEATH September 17th (Month) (Year)		
5a.	If married, widowed, or divo	unknow	~		22. I HEREBY CERTIFY, That I attended deceased from		
	(or) WIFE of	anknow	<b>11</b>		, 19, to, 19		
6. D	ATE OF BIRTH (month, da	y, and year) un	known		I last saw h; death is said		
7. A	GE Years Months Deys If LESS than 1 day, hrs.			1 day, hrs.	to have occurred on the date stated above, at 9 p m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. laborer			aborer		Chronic vavular heart diseas e 1929		
5	9. Industry or business in work was done, as SAW MILL, BANK,	SILK MILL, all	-around				
000	10. Date deceased last worked at this occupation (month and 1929 spent in this life year)			me (years) tin this life			
12. BIRTHPLACE (city or town) Jithuania (State or country)			huania		Other Contributory Causes of importance:		
ER	13. NAME unk	nown					
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Lithus	ania		Name of operation		
8	15. MAIDEN NAME	unknown			23. If deeth was due to exterba Casts TVPO CATCA MAn also the following:		
MOTHE	16. BIRTHPLACE (city or to (State or country)	Lithuan	ia		Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT Maxim Nestrak (Address)					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Independent Russian 9-18 ,19 31			sian 9-	18 ,19 31	Manner of injury		
19. UNDERTAKER John Grebliauckas (Address) Baltimore			iaucka	Jun u	24. Was disease or injury in any way related to occupation of deceased? NO  If so, specify  (Signed)  M. D.		
20.	FILED 4-	193/ 2-0	2.0	Registrar.	(Address) Pisacles - his		

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Other contributor	ry causes of importance:		Other contributory causes of importance:	
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1010	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5, 1927	Peritonitis	S days ago
	Other contributory causes of importance:	
lay 1,1923	Gastroenteritis	1 yéar
	uly 5 , 1927	Other contributory causes of importance:

V. S. No. 1 N. B. OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-20
County Claur Chandel	Registration Dist. No.
Village or City Charapolis	No. 23 Herrico St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city frown where death occurred	
2. FULL NAME James The same	Thomas
(a) Residence: No. 237 Hanne	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PER ONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
There were Widow	(Month) (Day) (Year)
5a. Il married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
(or) WIFE of James Homas	LAN / 193/ to Ly 1 23 193/
6. DATE OF BIRTH (month, day, end year) Oct -154 1958	1 last saw h 24 alive on fell 23 1931 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
73 // 8 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Olflery 23da
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	071/
SAW MILL, BANK, etc	
this occupation (month and spant in this year)	V
Class abol: 2111	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME 21 The axial Clour	
13. NAME Tolhaneal Clow  14. BIRTHPLACE (city or town) England	Name af operation
(State or country)	Name af operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME abench Evans	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Agench Evans  16. BIRTHPLACE (city or town) Annapolis und	Accidant, suicide, or homicide? Data of injury, 19
(Stata or country)	Where did injory occur?
17. INFORMANT Mes. David Carroll	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) /13 Calhuil St. amapoli md.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Campage of Date Dept 26, 1931	Natura of injury
19. UNDERTAKER Jolys U. Laylor	24. Was disease or injury in any way related to occupation of deceased?
(Address) ( Christafeli ryd-	If so, specify
20. FILED for 1 2 5, 1931 frage e fra now,	(Signed) from the M.D.
Registrar.	(Address) and
If more blanks are needed, address State Registrar,	2411 N. Chailes Street, Baltimore, Requesting US. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact

1PLACE	OF	DEATH
County Ani	nAr	undel

STATE OF MARYLAND CERTIFICATE OF DEATH

10432

Village or City Roland Terry (No. Church	Registration Dist. No
2FULL NAME Mrs, Josephine Upton	a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, Widow or DIVORCED (Write the word)	16 DATE OF DEATH  Sept. 19 1921 , 192
Sept, 27 1864  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 1927 to 1927 that I last saw h Malivo on 1937
7 AGE    If LESS than   day hrs.   hr	and that death occurred on the date stated above, at
(a) Trade, profession or House Work.  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE (State or country Pervern, Md:	Contributory Secondary (Duration) Syre mos de
10 NAME OF FATHER Thomas Dyson	(Signed) 1 / All Tamball M. D. D. 1931 (Address) ( G. Man (all )
OF FATHER Maryland Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
of Mother Susan Boyer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	ients or Recent Residents)  At place of deathyrs
(Informant) Irs! Imma Day.	if not at place of dea.h?
(Address) 4727 Pennington Ave.	11 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL 1931

20 UNDERTAKER

If more blanks are needed, address ttate Registrat, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precion of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation Stationary fireman, etc. But in many single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," stited unless important. American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic Example: Measles (disease affection need not etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD

WRITE PU

PLACE OF DEATH	10453 CTATE OF MADVI AND
County Anne Frendel Co.	STATE OF MARYLAND CERTIFICATE OF DEATH
Country of water links to the body of an in the best body to the body of the b	
Village or City Brooklyy PA (No. 11	Registration Dist. No. 20  Registration Dist. No. 20  Registration Dist. No. 20  (If death occurred in a hospital or institu-
2 FULL NAME Infant of My & M	11 Genage Wakefield tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH SELL 28 , 1981
6 DATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  LET 28 1981. to Alpha 28 ,1983/.
7 AGE Steel Brue If LESS than I day hrs.	that I last saw hand sie on Sefet 28 , 1923/,
7 AGE Stell Born If LESS than I day hrs.	The state of the date stated and to the stated and
yrsmosds. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Dead in letero 2 week
particular kind of work	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) 11 th de R. 01 20 11 16	Contributory Secondary
10 NAME OF	(Distion) yrs mos ds.
FATHER Leagh Wakefield	(Signed) M. D.
OF FATHER  (State or country)	*State the l'israse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cathernie M Starthausen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- icuts or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds, State yrs mos ds,
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) leave Wakefield	Former or usual residence
(Address) // El Arc Broker & PK St le	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (19/29, 1913)
15 Filed Sept 24 181 Ida M. Hulst Registras	I. Fr. Mi Gully 130 6 Fort
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No1.

(Approved by U. S. Census and American Public Health Association.)

laborer, nature of the business or industry, and therefore an additional line is provided for the laster statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) American Medical Association.) (Recommendations on statement of cause of death diseases can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic affection need etc. The contributory valvular heart Nomenclature Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Accident, sulcide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19 Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE, Registrar. (Address) \_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

V. S. No. 1

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/	X	T.
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		S€
	0	1- 0

PLACE OF DEATH

County Anne Arundel

93-0

10485

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-	•	7	ч	н		
		6	4		7	
		1	,		/	

Village or City		(No. Maryland ) Tames Williams	Iouse of Correction Ward)  (if death occurred in a hospital or institution, give its NAME in stead of street annumber.)
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 sex	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCEDSINGLE (Write the word)	16 DATE OF PEATH September 24, 1931 , 192
6 DATE OF BIRT	(Month	lenour, 1 (Yest)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from March 29, 1931, to Sept. 24, 1931, that I last saw him alive on Sept. 23, 1931, 192
(a) Trade, proparticular kind (b) General nathbusiness, or est	fession or of workture of industry	mosds.   If LESS than   I dayhrs.   ormin.?	and that death occurred on the date stated above, at 3. 26 AM_m.
9 BIRTHPLACE (State or coun 10 NAME OF FATHER	not k	l.	(Signed) (Durstion) yrs mos 7 ds.  Contributory Chronic Valvular Heart Disease (Durstion) yrs 6 mos ds.  (Signed) ARAM M. D.
OF FATHER  Z (State or or  12 MAIDEN N  OF MOTHE	country)	,,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13 BIRTHPLA OF MOTHE (State or C	R	<i>'</i> (	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place / yrs
(Informant)		of MY KNOWLEDGE	Where was disease contracted, (INMOW)  Former or usual residence.
(Addres	124 198/16/16	b. Md.	Malban Com , Date of Burial  Malban Com , Supple 6, 1931  20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS  ADDRESS
	If more bianks are r	needed, address State Registrar,	16 W. Seratoga St., Baito., Requesting y S. No. 1. Walts. Jud



(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Chronic interstitial nephritis, American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train. Whooping cough; Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart etc. The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N B

PLACE OF DEATH	STATE OF MARYLAND
County anna andel	CERTIFICATE OF DEATH
of the first	Registration Dist. No. 26
Village or City Guerock M(No.	St.: Ward) a (If death occurred in a hospital or institu-
2FULL NAME COZE	tlon, give its NAME it- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
6 DATE OF BIRTH  Aug 29, 193/ (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to Left (1980), 1980, that I last saw had alive on 1980,
7 AGE   If LESS than   I day hrs.   Jay or min.?	and that death occurred on the date stated above, at 6 R m.
a) OCCUPATION (a) Trade, profession or particular kind of work	Premating but 4
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
9 BIRTHPLACE (State or country) M	Contributory Secondary (Duration) / yis mos de,
10 NAME OF Lowrides Wills	(Signed) Merry of School M. D.
OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER / Selen Exten	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
(Informant) Foundes Wills	usual residence
(Address) Guenoch Mid	Sollar - Farm Sept 2 1931
Filed Sept 2 1901 MA Clayter	Lounder Welly Seleur XI
If more blanks are needed addres State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

CA 64:

9 6 A HB

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Gensus and American Public Health Association.)

tired 6 yrs). should be used only when needed. As examples: (o) sary to know (a) the kind of work and also (b) the whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servont, Cook. Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the (o) Foreman, Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomolive engineer, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Doy For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material 3 Grocery;

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,");

diseases resulting from childbirth or miscarriage as carbolic acid-probably suicide. The nature of the injury, siccident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy troin-State cause for which surgical operation was underas fracture of skull, and consequences (e. g., sepsis or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, telanus) may be stated under the head of "contributory." taken. approved by Committee on Recommendations on statement of cause of death can be ascertained as the cause. Always qualify al "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

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I DI ACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County A. A Comely	CERTIFICATE OF DEATH
De Most - Will	Registration Dist. No. 22
Village or City / Car Wood (No	St.; Ward) [if death occurred i
2 FULL NAME ND Name	Mockel)  give its MAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR HACE 5 SINGLE,	18 DATE OF DEATH OLD 2 ( 1931.
Fernald White OF DIVERCED (Write the word)	(Month) (Day) (Yea
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
See 26 1931	193/, to Cef 26/3/, 191
7 AGE (Month) (Day) (Year)	that I last saw had alive on 700 700, 191
1 day, 3 hrs.	and that death occurred on the date stated above, at
yrs. mos. OR min.?	A A A A A A A A A A A A A A A A A A A
(a) Trade, profession, or	Tremature berth
particular kind of work (b) General nature of industry	
business, or establishment in which employed (or employer)	(Burstion)msmes.
9 BIRTHPLACE A	Contributory Secondary
(State or country) Galuzant mo	(Burstlen) / yre. () mos.
10 NAME OF PATHER DE DE LA COMPANIE	(Signed) James Ho Trutt me.
U 11 BIRTHPLACE	Self 2 6 . 18h ( (Address) Glenn Dale Will
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDENTAL.
a 12 MAIDEN NAME Ella & Many	SUICIDAL OF HOMICIDAL
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of deathyrsmosés. State,yrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,  If not at place of death?
(Informant) Jeorge B Yorkel	Formar or
odento, Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(ADUTESS)	Trinity ME Cometery Sept 26 1031
Fled Sept 26 1931 At I. Louis	20 UNDERTAKER ADDRESS
Die Lotal REGISTRAR	Daniel Grawfera Vicenton Md
If more blanks are needed address State Designan 1	16 W Sevetore St. Belto Peguating V S No. 1

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers procise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-"Foreman," "Manager," "Dealer." etc., is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter. Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfor many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in At home. Care should be But in many cases, If retired from without more "Laborer," (ini

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Scnile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (mercly symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. eough; Chronic untrular mart disease; Chronic interstitud "Tumor" for mahamant neoplasms); Measles: Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc. Carcinoma, Sarcoma, etc., of. on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably birth or miscarriage to determine definitely. " "Coma," "Convulsions," "Debility" by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL septichaemia," Examples: Accidental drowning; State cause for which Never report mere "Atrophy," ACCIDENTAL, ("Con-

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